

EPIDEMIOLOGIC TRENDS IN DRUG ABUSE

Proceedings of the Community
Epidemiology Work Group

Highlights and Executive Summary

January 2013

NATIONAL INSTITUTE ON DRUG ABUSE



COMMUNITY EPIDEMIOLOGY WORK GROUP

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**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Division of Epidemiology, Services and Prevention Research
National Institute on Drug Abuse
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The information presented in this Executive Summary is primarily based on CEWG area reports and meeting presentations prepared by CEWG representatives for the January 2013 CEWG meeting. Data/information from Federal sources supplemental to the meeting presentations and discussions have been included in this report to facilitate cross-area comparisons.

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For more information about the Community Epidemiology Work Group and other research-based publications and information on drug abuse and addiction, visit NIDA's Web site at <http://www.drugabuse.gov>.

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Foreword

This Executive Summary provides a synthesis of findings from the 73rd semiannual meeting of the National Institute on Drug Abuse (NIDA) Community Epidemiology Work Group (CEWG) held in Albuquerque, New Mexico, on January 23–25, 2013. The CEWG is a network of researchers from sentinel sites throughout the United States. It meets semiannually to provide ongoing community-level public health surveillance of drug abuse through presentation and discussion of quantitative and qualitative data. CEWG representatives access multiple sources of existing data from their local areas to report on drug abuse patterns and consequences in their areas and to provide an alert to potentially emerging new issues. Local area data are supplemented, as possible, with data available from federally supported projects, such as the Substance Abuse and Mental Health Services Administration (SAMHSA), Drug Abuse Warning Network (DAWN); Drug Enforcement Administration (DEA), National Forensic Laboratory Information System (NFLIS); the Arrestee Drug Abuse Monitoring (ADAM) II program; and the DEA, Heroin Domestic Monitor Program (HDMP). This descriptive and analytic information is used to inform the health and scientific communities and the general public about the current nature and patterns of drug abuse, emerging trends, and consequences of drug abuse.

The CEWG convenes twice yearly, in January and June. For the June meetings, CEWG representatives prepare full reports on drug abuse patterns and trends in their areas. After the meeting, a Highlights and Executive Summary Report is produced, and the full CEWG area reports are included in a second volume. For the January report, the representatives present an abbreviated report to provide an update on data newly available since the prior June report and to identify significant issues that have emerged since the prior meeting. These abbreviated reports, or update briefs, are included in this Executive Summary, along with highlights from the meeting and cross-site data compilations.

The majority of the January 2013 meeting was devoted to the CEWG area reports and presentations. CEWG area representatives presented data on local drug abuse patterns and trends. Presentations on drug abuse patterns and issues were also provided by guest researchers from Canada and Mexico. Other highlights of the meeting included presentations by DEA representatives Jeffrey H. Comparin, with a testing and research laboratory update, and Wanda Iyoha, who gave a drug trafficking update; an update from the DEA's NFLIS by Artisha Polk of the Office of Diversion Control; a presentation by U.S. Food and Drug Administration representative James Hunter, R.Ph., M.P.H., on classifying drugs for international control, disposal of unused controlled drug products, and abuse deterrent formulations; and a presentation from a NIDA grantee at the University of New Mexico, Michael Bogenschutz, M.D., entitled "Treatment of Opioid-Dependent Adolescents and Young Adults: NIDA Clinical Trials Network Protocol 0010." A panel session on prescription drug abuse and heroin issues and problems in New Mexico was chaired by Albuquerque area representative Brad Whorton, Ph.D. The panel included the following presentations: "Overview of Prescription Drug Abuse and Overdoses in New Mexico," Brad Whorton, Ph.D., Drug Epidemiologist with the New Mexico Department of Health; "Project ECHO: Expanding Access to Addiction Treatment in New Mexico," by Miriam Komaromy, M.D., Associate Director of Project ECHO Addiction Treatment Program at the University of New Mexico; "Taos Alive: Improving a Community in Pain," by Julie Martinez, C.P.S., Taos Alive Coalition Coordinator; and "Prescription Opiate Abuse and the Prescription Monitoring Program in New Mexico," by Larry Loring, Executive Director of the New Mexico Board of Pharmacy.

This Highlights and Executive Summary Report for the January 2013 CEWG meeting includes the CEWG update briefs, along with abstracts from invited presenters, and highlights findings from the CEWG area reports and discussions.

Moiria P. O'Brien

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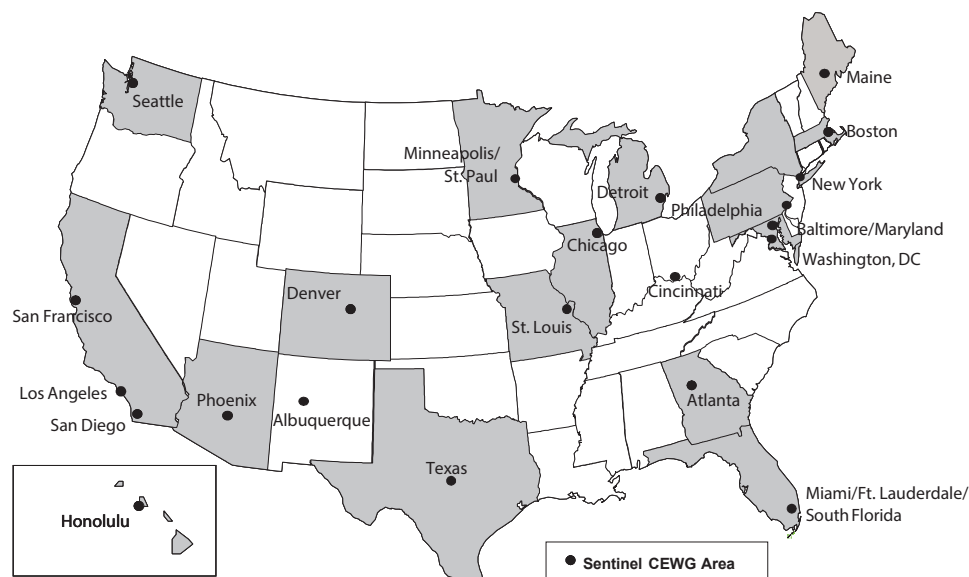
Section I. Meeting Highlights and Summary

The 73rd semiannual meeting of the Community Epidemiology Work Group (CEWG) was held on January 23–25, 2013, in Albuquerque, New Mexico. During the meeting, researchers from 21 geographically dispersed areas in the United States reported on current trends and emerging drug issues in their areas. International representatives from Canada and Mexico reported on drug trends and issues in their respective countries.

The CEWG Network and Meetings: The CEWG is a unique epidemiology network that has functioned since 1976 to identify and assess current and emerging drug abuse patterns, trends, and issues, using multiple sources of existing information. The CEWG convenes semiannually; these meetings continue to be a major and distinguishing feature of the work group. CEWG representatives present information on drug abuse patterns and trends in their areas. In addition to CEWG area presentations, time at each meeting is devoted to presentations by invited speakers. These sessions typically focus on presentations by researchers in the CEWG host city or with expertise on a particular topic, updates by Federal personnel on key data sets used by CEWG representatives, and drug abuse patterns and trends in other countries. The meetings provide a foundation for continuity in the monitoring and surveillance of current and emerging drug problems and related health and social consequences.

Identification of changing drug abuse patterns is part of the discussions at each CEWG meeting. Through this process, CEWG representatives can alert one another to the emergence of a potentially new drug of abuse. The CEWG is uniquely positioned to bring crucial perspectives to bear on urgent drug abuse issues in a timely fashion and to illuminate their various facets within the local context through its semiannual meetings.

The CEWG areas for which presentations were made at the January 2013 meeting are depicted in the map below, with one presentation including data for the Baltimore/Maryland/Washington, DC, area.



Update Briefs: The cornerstone of the January CEWG meeting is the CEWG update brief. Area representatives provide 20-minute presentations summarizing the most recent data pertaining to illicit and abused drugs, identifying the key findings since the prior June CEWG full annual area report. These data are viewed as indicators of the drug problem in an area. Indicators reflect different aspects of the drug abuse situation in an area, such as prevalence of abuse of drugs (e.g., survey findings), consequences of drug abuse (e.g., drug-involved ED reports, substance abuse treatment admissions, and drug-related deaths), and availability of abused substances or law enforcement engagement (e.g., drug seizures). Qualitative information from local ethnographic studies or local contacts may also be used to describe drug use patterns and trends, and it may be particularly informative in the early identification of new issues or substances being misused or abused.

Availability of data varies by area, so reporting varies by area. Examples of types of data reviewed by CEWG representatives to derive drug indicators include the following: **admissions to drug abuse treatment programs** by primary substance of abuse or primary reason for treatment admission reported by clients at admission; **drug-involved emergency department (ED) reports of drugs** mentioned in ED records in the Drug Abuse Warning Network or reports from local and State sources; **seizure, average price, average purity, and related data** obtained from the Drug Enforcement Administration (DEA) and from State and local law enforcement agencies; **drug-caused deaths and drugs detected in decedents** reported by medical examiner or local coroner offices or State public health agencies; **arrestee urinalysis results** and other toxicology data; **surveys of drug use; and poison control center data**¹.

Sources of data used by several or most of the CEWG area representatives and presented in this Highlights and Executive Summary Report are summarized in appendix 1, along with caveats related to their use and interpretation. **The terminology that a particular data source uses to characterize a drug, for example cannabis versus marijuana, is replicated in this report.** Appendix table 1 shows the drug abuse indicators from data sources used in update briefs and presentations for the January 2013 CEWG meeting by area.

For the January 2013 CEWG meeting, CEWG representatives were invited to provide an update on drug abuse trends in their areas for the first half of 2012 (January–June). Key findings and issues identified at the CEWG meeting are highlighted in this section, with detail provided in the local area update briefs and abstracts included in section II of this report. These update briefs document and summarize drug abuse trends and issues in specific CEWG areas, with an emphasis on information newly available since the June 2012 meeting reports. The availability of data varies by area. Readers are directed to the Data Sources section in appendix 1 and appendix table 1 to determine which drug indicators and data sources were reviewed for particular areas.

CEWG representatives are invited to use their professional judgment and knowledge of the local context to provide an overall characterization in their update briefs of the indicators for their areas, as possible, given available data; that is, to assess whether indicators appear to be stable, increasing, decreasing, or mixed (with some indicators increasing, some decreasing, and some stable). CEWG area representatives may also provide an overall characterization of the level of the indicators as high, moderate, or low, or identify when particular drugs are considered to be the dominant drugs of abuse in the area. Some indicators are sensitive to recent changes in local policy or law

¹Poison control center data are reported here as they are reported by area representatives in their update briefs and slide presentations. The terminology used by area representatives in this report does not necessarily mean that particular substances, such as cannabimimetics (also known as synthetic cannabinoids) and substituted (or synthetic) cathinones, are chemically verified.

enforcement focus. Therefore, representatives use their knowledge of the local context in describing and interpreting data available for their areas.

Data available across a majority of CEWG areas, such as drug reports information from the National Forensic Laboratory Information System (NFLIS) and Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey (YRBS), are reviewed. These NFLIS data are presented in tabular and graphical formats in tables 1, 4–7 and in figures 1, 4–10, as well as in appendix tables 2.1–2.26 and appendix tables 3.1–3.3. YRBS data are displayed in tables 2 and 3. Highlights from cross-area tabulations are included, and results are described in section II.

Findings in this report are presented by type of substance, but it is important to note that polysubstance abuse continues to be a pervasive pattern across CEWG areas.

January 2013 CEWG Meeting: Key Findings

CEWG Area Reports

CEWG representatives identified the most significant one or two drug findings or issues for their areas, based on review of the most recent drug abuse data available.

Twelve out of 21 CEWG representatives identified the impact of heroin as the most, or one of the most, important drug abuse issues affecting their area.

- ***In Albuquerque, the area representative stated that the most significant drug finding—and trend—in Albuquerque and the State of New Mexico was the “continuing high heroin levels and increasing heroin indicators.”*** Heroin ranked first in the Albuquerque area in the number of drug reports identified among drug items analyzed by NFLIS laboratories (compared with the national rank of fourth); 22 percent of all drug reports were identified as heroin in the first half of 2012. Overdose deaths related to heroin continued to be relatively high in New Mexico, and Rio Arriba County in the northern part of the State has one of the highest heroin death rates in the Nation.
- ***In Boston, the area representative reported that the main drug finding there was that “heroin (along with cocaine) abuse remained at a high level in Boston,” relative to other drugs.*** While both heroin overdose deaths and overdose emergency department visits decreased in Boston in FY 2011, and treatment admissions were stable from previous years, overall levels for heroin indicators continued to be “extremely high.” Increases were reported in the proportion of heroin drug arrests, which increased from 22 percent of all arrests in 2009 and 2010 to 25 percent in 2011.
- ***The area representative from Cincinnati reported that “increases in heroin levels and consequences” represented the most important drug trend in that area in the first half of 2012.*** Several indicators in the Cincinnati area showed increases for heroin in the first half of 2012. The number of human exposure calls involving heroin to poison control centers increased by 54.5 percent from 2011 to 2012. Substantial increases were reported both in the amount of heroin seized by the Cincinnati Regional Enforcement Narcotics Unit (from 2,106 grams in 2011 to 8,154 in 2012) and in the proportion of drug reports identified as heroin among drug items analyzed by NFLIS laboratories in Cincinnati in the first half of 2012 (from 20.5 percent in 2011 to 27.4 percent in the first half of 2012).
- ***The upward trend for heroin indicators was reported by the area representative as one of the central components of the drug picture in the Denver/Colorado area in the first half of 2012.*** In the first half of 2012, heroin ranked third (an increase in rank from fourth) in statewide treatment admissions, increasing from 7 percent in 2011 to 8 percent of total admissions (including alcohol) in the first half of 2012. Denver area primary heroin treatment admissions also increased, from 10 percent of the total (including alcohol) in the first half of 2011 to 11 percent in the first half of 2012. This increase resulted in a change in rank from third to a tie with methamphetamine for second (behind marijuana). There has been growing concern about an increase of new heroin users, including young adults who have switched from abusing prescription opioids to heroin due to availability and cost.

- ***The Detroit area representative reported that recognition of the “continuing problems with heroin” in Detroit, Wayne County, and Michigan was one of the most important drug findings in the first half of 2012 (along with increases in indicators for other opioids).*** Several heroin indicators reported in Detroit support this statement, including increases in the proportion of heroin primary treatment admissions (from 31.4 percent in FY 2011 to 34.5 percent in FY 2012) and numbers of heroin-related calls to the Poison Control Center (from $n=84$ in 2010, to $n=100$ in 2011, to $n=134$ annualized for 2012). Heroin-related deaths remained high, relative to other drug-related deaths, with 41.4 percent of all drug-related deaths in the first half of 2012 attributed to heroin.
- ***In the Minneapolis/St. Paul area, the most significant finding reported by the area representative was the following: “In 2012, the Twin Cities experienced continued elevated levels of heroin/other opiate treatment admissions, which combined accounted for one out of five treatment admissions, second only to admissions for alcohol.”*** In the Minneapolis/St. Paul area, primary heroin treatment admissions for heroin alone, as a proportion of total admissions, increased from 10.0 percent in the first half of 2011 to 12.5 percent in the first half of 2012.
- ***The area representative from Miami-Dade and Broward Counties/South Florida stated that one of the most important drug trends in that area in the first half of 2012 was an increase in heroin indicators. He stated, “consequences of prescription drug abuse have finally stabilized at high levels in 2012, as heroin problems have started to increase.”*** Efforts to control the supply and nonmedical use of prescription opioids with a prescription drug monitoring program and other public health and legal regulations may have contributed to an increase in heroin use and problems in the State of Florida, according to the area representative from South Florida. Most notably, primary heroin treatment admissions were up substantially in the first half of 2012 in both Miami-Dade and Broward Counties, compared with the 2011 reporting periods. Annualized estimates from the first half of 2012 showed an estimated increase from 227 admissions in 2011 to 308 in 2012 in Miami-Dade County, and an estimated increase from 169 admissions in 2011 to 316 in 2012 in Broward County.
- Two area representatives—from San Diego and the Baltimore/Maryland/Washington, DC, area—identified an ***increase in heroin deaths*** in their areas as the most important drug finding in the first half of 2012.
 - ***The San Diego representative noted a critical upward trend in heroin overdose deaths.*** For the past several years, the numbers of deaths involving heroin/morphine and deaths involving amphetamine have been gradually increasing. In 2011, there were roughly equivalent numbers of overdose deaths involving heroin/morphine ($n=118$) and amphetamine ($n=119$). In the first half of 2012, the increasing trend continued for deaths involving heroin/morphine, with 65 deaths recorded. Deaths involving amphetamine were slightly lower in the first half of 2012, with 57 deaths recorded.
 - ***The area representative from the Baltimore/Maryland/Washington, DC, area stated that “understanding and addressing an increase in heroin intoxication deaths” was the most important drug issue to monitor in that area.*** While heroin-related intoxication deaths trended downward from 282 deaths in 2007 to 238 deaths 2010 in Maryland, they increased slightly to 245 in 2011; preliminary data indicated another increase in 2012.

- ***In Seattle, “the continuing increases in heroin use among young adults, both in Seattle and statewide,” was the most important drug finding for this reporting period.*** Indicators for the use and consequences of heroin were reported as increasing in the Seattle area, where heroin was the most common drug mentioned by helpline callers and detected in law enforcement evidence in the first half of 2012. Primary heroin treatment admissions for young adults age 18–25 increased from 198 admissions (11 percent of the total admissions for this age group) in 2008 to 221 admissions (26 percent of total admissions for clients in this age group) in the first half of 2012, and anecdotal information from treatment and other service providers continued to mention young heroin users who initiated use with pharmaceutical opioids and then switched to heroin.
- ***The spread of heroin to the suburbs and rural areas was an important finding in the first half of 2012 for the Chicago and St. Louis areas.***
 - ***The most significant finding in the Chicago area, according to the representative, was that “heroin use continued in the suburbs surrounding Chicago, seemingly unabated.”*** Heroin indicators were increasing in the “collar” counties around Chicago. For example, in DuPage County, heroin seizures increased from 114 grams in 2008, to 776 grams in 2010, to 1,767 grams in 2011. In Will County, numbers of heroin overdose deaths increased from 26 in 2010, to 30 in 2011, and to 46 in 2012. Likewise, Lake County experienced an increase in heroin-related deaths from 13 in 2007, to 30 in both 2008 and 2009, to 35 in 2010, and to 34 in 2011.
 - ***“Consistently” high levels for heroin indicators, relative to other drugs, in St. Louis, including the rural areas, was noted by the area representative as one of the most important issues from the St. Louis area.*** All heroin indicators in St. Louis were reported as high relative to other drugs, and most indicators were stable in the first half of 2012. Although deaths related to heroin decreased in the city and county and in rural areas, rural law enforcement sources reported a continuing heroin presence in the rural areas of the St. Louis region.

Two area representatives—from Denver/Colorado and Detroit—cited increases in indicators for prescription opioids as among the most important issues in their areas in the first half of 2012. The Seattle area representative reported on the emergence of illicitly manufactured fentanyl as a new drug problem in that area in this reporting period.

- ***An increase in indicators for other opioids was one of the most important drug use messages from the Denver/Colorado area in the first half of 2012, according to the area representative.*** Primary treatment admissions for other opiates/opioids increased in the greater Denver area, from 4 percent in the first half of 2008, to 6 percent in the first half of 2010, to 7 percent in the first half of 2012. Other opiates/opioids were the most common drugs found in Colorado drug-related deaths from 2005 to 2011. In addition, the Rocky Mountain High Intensity Drug Trafficking Area (HIDTA) reported relatively very high levels of illegally diverted controlled prescription drugs in the region.
- ***According to the area representative from Detroit, “continuing problems with opioids” ranked as one of the most critical issues for that area in this reporting period (along with increases in heroin indicators) in Detroit, Wayne County, and Michigan.***

The proportion of drug-related deaths in Detroit attributed to other opioids was 40 percent in the first half of 2012, compared with 31.4 percent in the first half of 2011.

- ***A fentanyl problem was reported in Seattle.*** The area representative also reported a growing concern that illicitly manufactured fentanyl was available and was identified in several law enforcement cases in the first half of 2012.

In Colorado, marijuana continued to be the primary illicit drug of abuse both statewide and in the greater Denver area, based on treatment admissions data, hospital discharges, drug reports identified as marijuana among items analyzed by NFLIS laboratories, and high availability. The State passed Amendment 64 in November 2012, which legalizes the possession of less than 1 ounce of marijuana for people older than 21. Marijuana is still illegal under Federal law. the Amendment 64 Implementation Task Force was expected to release a report in February 2013.

Two area representatives (Los Angeles and St. Louis) recognized continuing concerns for methamphetamine levels and indicators as the most important, or one of the most important, drug issues in their areas in the first half of 2012.

- ***The most important finding in the Los Angeles area, according to the representative, was that most of the indicators for methamphetamine were increasing.*** Methamphetamine continued to be a major drug of concern for law enforcement agencies in the Los Angeles County region, as reported by the area representative, and most indicators for methamphetamine showed increases in the first half of 2012. For example, the proportion of drug reports among drug items analyzed by NFLIS laboratories in Los Angeles County increased from 21.2 percent of all reports (in third rank behind marijuana and cocaine) in the first half of 2011, to 25.2 percent in the first half of 2012 (moving to second rank behind marijuana). Calls to poison control centers related to methamphetamine increased from 60 calls in 2010, to 122 calls in 2011, and to 145 calls in 2012. Toxicology cases in Los Angeles County with methamphetamine detected also increased, from 416 cases in 2010, to 442 cases in 2011, and to 525 cases in preliminary 2012 data. The percentage of primary treatment admissions for methamphetamine remained stable, however, in the first half of 2012 from CY 2011 levels, at 16 percent of the total.
- ***In the St. Louis region, a continuing methamphetamine issue in rural areas was reported by the area representative as one of the two most important illicit drug use issues in that area (along with the continued consistent heroin presence in St. Louis).*** According to the area representative, law enforcement reports supported the increased methamphetamine availability in rural areas (both in the St. Louis region and throughout the Midwest) in the current reporting period. More creative ways of networking for local “cooks” to gain access to the chemicals needed to make methamphetamine continued to emerge in the St. Louis area in the first half of 2012 based on qualitative data sources.

Area representatives reported that declining cocaine indicators were among the key findings in Atlanta and Phoenix. In Boston, however, continuing high levels of abuse relative to other drugs made cocaine a drug of concern worth noting there.

- **All cocaine indicators were down in the Phoenix area in 2012.** For instance, numbers of cocaine-related hospital admissions continued a multiyear decline, decreasing from 893 admissions in the first half of 2011 to 753 admissions in the first half of 2012. Poison control center calls related to cocaine also decreased in number from 53 calls in the first half of 2012 to only 21 calls in the second half of 2012.
- **In Atlanta, the area representative acknowledged that the prominent finding in that area was a decline in cocaine indicators: “According to multiple indicators, the presence of cocaine in Atlanta has steadily decreased since 2007.”** Cocaine continued to be the drug most frequently mentioned in reports among drug items analyzed in the Atlanta metropolitan area; however, the percentage decreased from 47.0 percent of total reports in 2009, to 25.5 percent in the first half of 2012. Other cocaine indicators also showed decreases, including calls to the Georgia Poison Center, which decreased from 104 in 2011 to 77 in 2012.
- **In Boston, cocaine indicator levels remained high when compared with other drugs. The area representative noted cocaine as one of the most important drugs (along with heroin) to monitor in that area, based on indicators in the first half of 2012.** Despite the high cocaine indicator levels in the Boston area, in the first half of 2012, these indicators were mixed (some decreasing and some stable). Class B drug arrests (mainly cocaine) continued to constitute the highest proportion of arrests in Boston, but they were stable at 48–49 percent from 2009 to 2011. Proportions of drug reports identified as cocaine among drug items analyzed by NFLIS laboratories continued to decline, from 28 percent of total reports in 2009, to 23 percent in 2011, and to 19 percent in the first half of 2012. However, cocaine still ranked second among all NFLIS drug reports, behind marijuana, for Boston.

Two of the 21 area representatives (Maine and Philadelphia) reporting at the January CEWG meeting stated that the most significant drug issue in their area was the increasing importance of drug combinations in drug indicators.

- **The “increasing importance (methodologically and physiologically) of drug combinations, particularly those involving pharmaceutical opioids” was presented by the area representative from Maine as the most significant finding for the State in the first half of 2012.** The increase observed over the past decade in the nonmedical use and abuse of pharmaceutical opioids, shown in drug indicators in the State of Maine, continued into 2012, according to the area representative. Pharmaceutical opioids were first in number and percentage among deaths, arrests, law enforcement seizures, impaired driver toxicology, and treatment admissions, and they were often identified in combination with other drugs. For example, 60 percent of impaired driver urinalyses in Maine in 2012 revealed the presence of pharmaceutical opioids, and these drugs were nearly always found in combination with benzodiazepines and other prescription drugs.
- **In Philadelphia, the most critical issue reported by the area representative in the first half of 2012 was that, “multiple drug combinations were becoming more common among decedents with drug detections.”** Of the 464 mortality cases identified as involving the presence of drugs in Philadelphia in the first half of 2012, only 12 percent ($n=55$) had one drug positive identification in their system (77 percent of the decedents had three

or more drug-positive identifications). The average number of drugs detected among deaths due to intoxication was 6.8 drugs.

Two area representatives (Atlanta and Miami-Dade and Broward Counties/South Florida) reported trends for cannabimimetics and substituted cathinones as important developments to note in their areas.

- ***The Atlanta representative stated, “After emerging in poison control center data in 2011, substituted cathinone and cannabimimetic-related exposure calls decreased in 2012.”*** Human exposure calls related to substituted cathinones were first reported to the Georgia Poison Control Center in 2011; that year there were 54 calls. In 2012, the number of calls related to substituted cathinones decreased to 27. Similarly, exposure calls related to cannabimimetics decreased in number from 154 calls in 2011 to 59 calls in 2012.
- ***In the Miami-Dade and Broward Counties/South Florida area, the representative reported the following important critical development in the drug market there, “Sales of cannabimimetics and substituted cathinones have shifted from retail stores to the illicit drug market.”*** Because local municipal and county ordinances banning retail sales of cannabimimetics and substituted cathinones implemented in 2012 may have been effective, the distribution of these drug items shifted from stores to illicit street sales. Ninety-four drug items sold as pure MDMA (3,4-methylenedioxymethamphetamine), and called “Mollys,” that were tested by Broward County’s Sheriff’s Office Crime Laboratory between March and October 2012 actually contained the substituted cathinone, methylone.

National Forensic Laboratory Information System (NFLIS)

The DEA NFLIS provides information on substances identified in items seized by law enforcement and analyzed by participating forensic (crime) laboratories. ***NFLIS data provide indications of availability of substances in the illicit market and law enforcement engagement, and they are particularly important for monitoring the emergence of new substances in local areas.***

- ***Marijuana/cannabis*** was the most frequently identified drug in the first half of 2012 in 16 of 25 CEWG areas: Baltimore City, Boston, Chicago, Cincinnati, Colorado, Detroit, Honolulu, Los Angeles, Maryland, Michigan, Minneapolis/St. Paul, Philadelphia, Phoenix, St. Louis, Texas, and Washington, DC, as well as in the United States. Chicago had the highest percentage of marijuana/cannabis reports in the first half of 2012 (57.1 percent), and Atlanta had the lowest (3.0 percent)². The value for the United States was 33.6 percent (figures 1 and 10; appendix table 2).
- ***Cocaine*** was the most frequently identified drug in the first half of 2012 in 5 of 25 CEWG areas: Atlanta, Maine, Miami, New York City, and Denver. Cocaine as a proportion of total

²According to the Atlanta CEWG area representative, Georgia initiated a statewide administrative policy in 2004 that laboratory testing is not required when cannabis is seized by law enforcement officers. This may explain the lower numbers for such drug items identified in this CEWG area relative to other CEWG areas.

drug reports ranged from 6.9 percent in Phoenix to 48.9 percent in Miami, with the United States at 17.3 percent (figure 1, appendix table 2).

- **Heroin** was the most frequently identified drug in the first half of 2012 in 2 of 25 CEWG areas, Albuquerque and Seattle. As a proportion of total drug reports, heroin reports were highest in Cincinnati (27.4 percent) and lowest in Honolulu (0.5 percent), compared with other CEWG areas. The United States percentage was 7.9 (figure 5; appendix table 2).
- **Methamphetamine** was the most frequently identified drug in the first half of 2012 in 2 of 25 CEWG areas, San Diego and San Francisco. San Diego had the highest percentage of methamphetamine drug reports (37.7 percent of total drug reports). In 10 of the CEWG reporting areas, however, methamphetamine accounted for less than 1.0 percent of the total reports of drug items seized and analyzed; all were located east of the Mississippi River. These areas included Baltimore City, Boston, Chicago, Cincinnati, Detroit, Maryland, Miami, New York City, Philadelphia, and Washington, DC. The United States value was 11.1 percent (figures 1 and 9; appendix table 2).
- **Other substances** identified in lower numbers and proportion but appearing commonly (in at least 10 areas) among the top 10 substances included **oxycodone, hydrocodone, and alprazolam** (table 1; figures 6, 7, and 8) and cannabimimetics and substituted cathinones (table 1; appendix table 2).
- **Cannabimimetics (synthetic cannabinoids)** were identified in NFLIS data in all CEWG areas except Honolulu.
 - **AM-2201** (a cannabimimetic or synthetic cannabinoid) appeared for the first time among the top 10 substances identified in NFLIS data in 9 of 25 CEWG areas in the first half of 2012: Albuquerque, Atlanta, Colorado, Denver, Maryland, Miami, Philadelphia, St. Louis, and Texas (table 1; appendix table 2). AM-2201 ranked first among the cannabimimetics in NFLIS reports in the United States in the first half of 2012.
 - **UR-144** was the second most frequently identified cannabimimetic nationally in NFLIS data in the first half of 2012, while **JWH-122** ranked third among cannabimimetic reports in the United States.
- **Substituted (synthetic) cathinones** were identified in all CEWG areas except Honolulu.
 - **MDPV, methylone, and alpha-PVP** were the most frequently identified substituted cathinones in NFLIS data in the first half of 2012 in the United States (table 1; appendix table 2).

System to Retrieve Information From Drug Evidence (STRIDE)

DEA STRIDE is a database of drug exhibits sent to DEA laboratories. STRIDE is not a representative sample of drugs available in the United States, but reflects all evidence submitted to DEA laboratories for analysis. **STRIDE data describe important drug market factors, drug price, and purity.**

- **Cocaine:** The **price per pure gram of cocaine increased by 79 percent**, from \$98 in January 2007 to \$175 in June 2012, while the percentage **purity decreased by 28 percent**, from 67 to 48 percent during the period (figure 2A).
- **Heroin:** From October 2007 through June 2012, the **price per pure gram of heroin increased by 56 percent**, from \$564 to \$878, while the percentage **purity decreased by 9 percent**, from 41 to 37 percent over the period (figure 2B).
- **Methamphetamine:** The **price per pure gram of methamphetamine decreased by 72 percent**, from \$289 in July 2007 to \$81 in June 2012, while the percentage **purity increased over the same period by 128 percent**, from 41 to 93 percent (figure 2C).

Youth Risk Behavior Survey (YRBS) of High School Students

The CDC YRBS measures self-reported use of substances for 9th through 12th graders and provides an important indicator of levels of youth use of drugs in local areas, variation across areas, and changes over time.

- **Lifetime Marijuana Use:**

- In **2011**, the range in percentages of students reporting **lifetime marijuana use** was from 30.1 percent in San Francisco to 47.9 percent in Detroit; the United States average was 39.9 percent.
- From **2005 to 2011**, **lifetime marijuana use** among high school students surveyed did not decrease in any of the areas, but it increased significantly in four areas: Detroit, Miami-Dade and Palm Beach Counties, and Washington, DC. No significant change in lifetime marijuana use prevalence was reported for the United States or the remaining nine reporting areas (tables 2 and 3).

- **Lifetime Methamphetamine Use:**

- Among 18 CEWG reporting areas in **2011**, percentages of students reporting **lifetime methamphetamine use** were highest in Los Angeles, at 6.9 percent, and lowest in Boston, at 2.0 percent. The United States average was 3.8 percent.
- Among 15 CEWG areas reporting **lifetime methamphetamine use** in both **2005 and 2011**, 3 areas—Los Angeles, San Diego, and Texas—experienced decreasing prevalence, as did the United States. In four areas, lifetime methamphetamine use increased from 2005 to 2011: Chicago, Detroit, Miami-Dade County, and San Francisco. No significant change in methamphetamine use prevalence was observed in the remaining eight reporting areas (tables 2 and 3).

- **Lifetime Cocaine Use:**

- In **2011**, the highest percentage of students reporting **lifetime cocaine use** was 11.4 percent in New Mexico, while the lowest was for Boston, at 3.1 percent. The percentage was 6.8 percent for the United States.

- From **2005 to 2011, lifetime cocaine use** among high school students decreased significantly in 1 of 15 reporting areas, Texas (from 11.9 to 9.4 percent), and increased significantly in 3 areas—Detroit, San Francisco, and Washington, DC. Stability or no significant change was observed in 11 other CEWG areas, as well as in the United States (tables 2 and 3).

- **Lifetime Heroin Use:**

- The percentage of students reporting **lifetime heroin use** in **2011** ranged from 2.0 percent in Boston to 5.0 percent in San Francisco, with the United States at 2.9 percent (table 2).
- From **2005 to 2011, lifetime heroin use** among high school students increased significantly in 8 of 14 reporting areas—Chicago, Colorado, Detroit, Los Angeles, Maryland, New York City, San Francisco, and Washington, DC—and in the United States. Stability or no significant change was observed in the remaining six reporting areas (tables 2 and 3).

- **Lifetime Inhalant Use:**

- In **2011**, the highest inhalant use by students was reported in Los Angeles (14.9 percent), and the lowest was in Boston (5.6 percent), with the U.S. average at 11.4 percent.
- From **2005 to 2011, lifetime inhalant use** among high school students increased significantly in 2 of 14 reporting areas—Chicago and Washington, DC. In Hawaii and Maryland, inhalant use declined. Percentages for the United States and the 10 other reporting areas were stable, with no statistically significant differences between 2005 and 2011 in students' inhalant use (tables 2 and 3).

- **Lifetime Ecstasy (MDMA) Use:**

- Of 16 reporting areas in **2011**, the highest ecstasy (MDMA) use was reported by students in Los Angeles (16.4 percent), and the lowest was reported by students in Boston (3.3 percent). The U.S. average was 8.2 percent.
- From **2005 to 2011, lifetime ecstasy (MDMA) use** among high school students increased significantly in the United States and in 10 of 12 reporting areas: Broward County, Chicago, Colorado, Hawaii, Los Angeles, Miami-Dade County, New York City, Palm Beach County, San Diego, and Texas. Two areas showed no significant change in ecstasy (MDMA) use, and seven areas were missing data for both years (tables 2 and 3).

- **Lifetime Prescription Drug Use Without a Doctor's Prescription:**

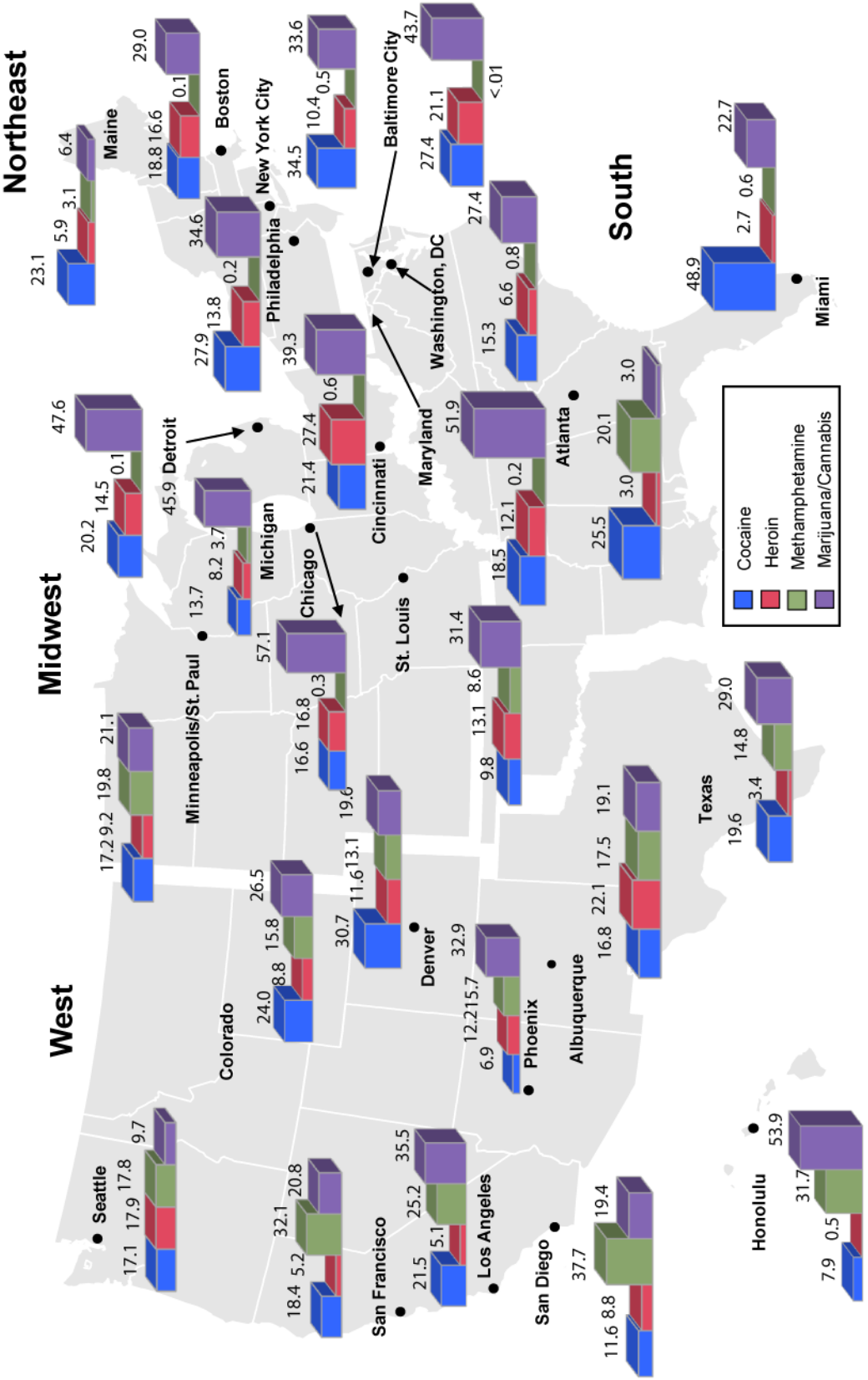
- While no 2005 or 2009 data were reported for any of the 19 CEWG reporting areas, in **2011**, the proportion of high school students reporting **lifetime prescription drug use without a doctor's prescription** was available for 15 areas; the prevalence ranged from a low of 7.3 percent in Washington, DC, to a high of 22.1 percent in Texas. The national average for 2011 was 20.7 percent (table 2).

Table 1. NFLIS Top 10 Identified Drug Reports in Drug Items Seized and Analyzed by CEWG Area and United States and Rank (Based on Frequency): January–June 2012

CEWG Areas	Cocaine/ Crack	Heroin	Oxy- codone	Hydro- codone	Alprazo- lam	Clonaze- pam	Metham- phetamine	Marijuana/ Cannabis	MDMA	PCP	Other Drugs
WESTERN REGION											
Albuquerque	4	1	6	—	—	—	3	2	—	—	AM-2201=5; Phenylimidothiazole Isomer Undetermined=7; Dimethyl Sulfone=8; Buprenorphine=9; Lidocaine=10
Colorado	2	4	6	8	9	—	3	1	—	—	AM-2201=5; Psilocybin/Psilocyn/Psilocin=7; JWH-122=10
Denver	1	4	6	9	—	—	3	2	—	—	AM-2201=5; JWH-122=7; Psilocin/Psilocybin/Psilocyn=8; JWH-018=10
Honolulu	3	6	—	8	10	—	2	1	4	—	Dimethyl Sulfone=5; Acetaminophen=6 (tied with heroin); Caffeine=8 (tied with hydrocodone)
Los Angeles	3	4	9	5	7	—	2	1	8	6	Carisoprodol=10
Phoenix	4	3	5	7	6	9	2	1	—	—	Buprenorphine=8; Carisoprodol=10
San Diego	3	4	7	5	6	—	1	2	10	—	Dimethyl Sulfone=8; Phenylimidothiazole Isomer Undetermined=9
San Francisco	3	4	6	5	10	—	1	2	9	—	Methadone=7; Morphine=8
Seattle	3	1	5	—	—	—	2	4	—	9	Fentanyl=6; Phenylimidothiazole Isomer Undetermined=7; Dimethyl Sulfone=8; BZP=10
Texas	2	6	—	4	5	—	3	1	—	—	AM-2201=7; Carisoprodol=8; Phenylimidothiazole Isomer Undetermined=8 (tied with Carisoprodol); Dimethyl Sulfone=10
MIDWESTERN REGION											
Chicago	3	2	—	4	7	—	—	1	6	8	BZP=5; Phenylimidothiazole Isomer Undetermined=9; 5-MeO-DIPT/5-MeO-DALT=10
Cincinnati	3	2	4	5	6	9	8	1	—	—	BZP=7; Diazepam=10
Detroit	2	3	6	4	5	—	—	1	—	—	TFMPP=7; BZP=8; Phenylimidothiazole Isomer Undetermined=8 (tied with BZP); Buprenorphine=10
Michigan	2	3	9	4	6	—	5	1	—	—	Morphine=7; Amphetamine=8; Methadone=10
Minneapolis/ St. Paul	3	4	6	—	—	—	2	1	—	—	Acetaminophen=5; BZP=6 (tied with Oxycodone); Caffeine=8; 6-Monoacetylmorphine=9; Acetylcodeine=10
St. Louis	3	2	10	6	5	—	4	1	—	—	AM-2201=7; Pseudoephedrine=8; Acetaminophen=9
NORTHEASTERN REGION											
Boston	2	3	4	—	9	7	—	1	—	—	Buprenorphine=5; Naloxone=6; Acetaminophen=8; Amphetamine=10
Maine	1	4	2	9	—	—	7	3	—	—	Buprenorphine=5; MDPV=6; Phenylimidothiazole Isomer Undetermined=7 (tied with methamphetamine); Caffeine=10
New York City	1	3	4	—	5	9	—	2	—	6	Buprenorphine=7; Methadone=8; Ketamine=10
Philadelphia	2	3	4	10	5	9	—	1	—	7	Acetaminophen=6; AM-2201=8
SOUTHERN REGION											
Atlanta	1	7	3	5	4	—	2	6	—	—	AM-2201=8; TFMPP=9; UR-144=10
Baltimore City	2	3	4	—	6	8	—	1	—	—	Buprenorphine=5; Mannitol=7; Caffeine=9; Methadone=10
Maryland	2	3	4	10	5	8	—	1	—	9	Buprenorphine=6; AM-2201=7
Miami	1	5	3	—	4	—	—	2	—	—	Hallucinogen=6; Methylone=7; Caffeine=8; Phenylimidothiazole Isomer Undetermined=9; AM-2201=10
Washington, DC	2	5	—	—	—	—	—	1	—	6	Caffeine=3; Phenylimidothiazole Isomer Undetermined=4; 1-Piperidinocyclohexanecarbonitrile=7; Benzocaine=8; MDPV=9; BZP=10
UNITED STATES											
United States	2	4	5	6	7	—	3	1	—	—	AM-2201=8; Acetaminophen=9; Buprenorphine=10

SOURCE: NFLIS, DEA, data for all areas were retrieved on December 11–12, 2012; see appendix table 2.1–2.26; data are subject to change and may differ according to the date on which they were queried, and drug reports include up to three drugs identified per drug item analyzed

Figure 1. Percentages of Cocaine, Heroin, Methamphetamine, and Marijuana/Cannabis Drug Reports Identified in Drug Items Seized and Analyzed by Forensic Laboratories in 25 CEWG Areas in 4 U.S. Regions, Each as a Percentage of Total Drug Reports¹: 1H 2012²



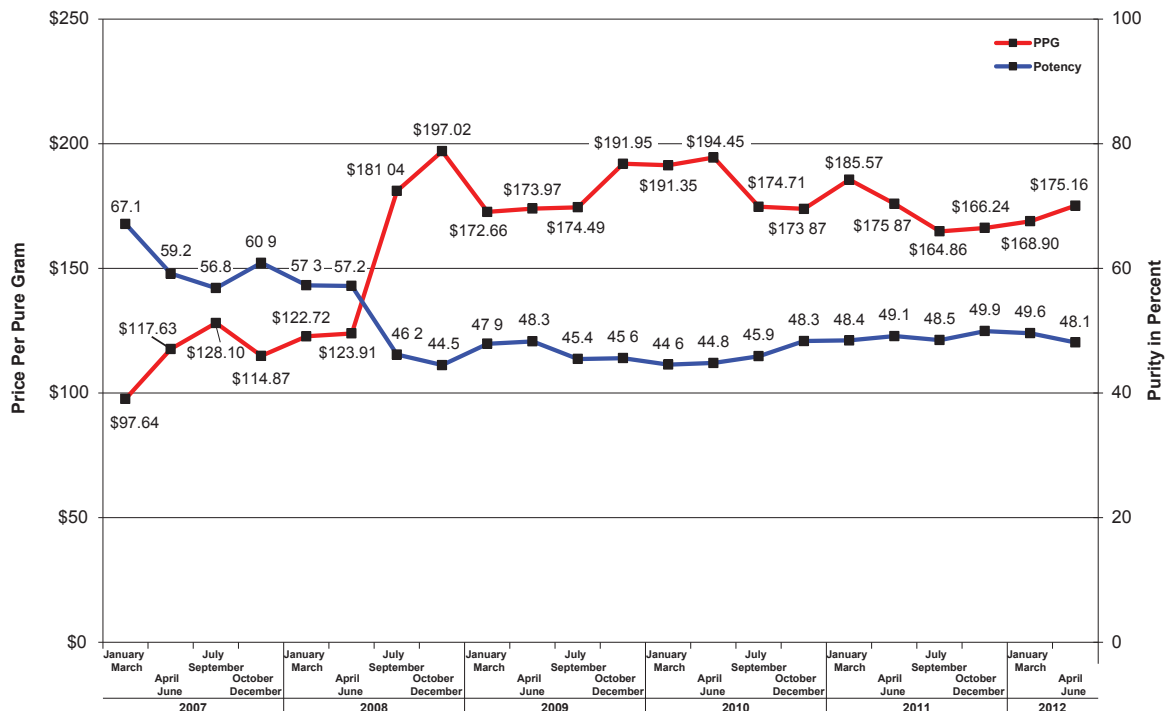
¹NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.

²Data are for the first half of 2012 (1H 2012), January–June; see appendix tables 2.1–2.26. Data are subject to change. Data queried on different dates may reflect differences in the timing of data analysis and reporting. Respective values for cocaine, heroin, methamphetamine, and marijuana/cannabis for the United States for 1H 2012 are 17.3, 7.9, 11.1, and 33.6 percent.

SOURCE: NFLIS, DEA, data for all areas were retrieved on December 11–12, 2012



Figure 2A. Price and Purity Data on All Cocaine Purchases in the United States, Domestic STRIDE Data: January 2007–June 2012

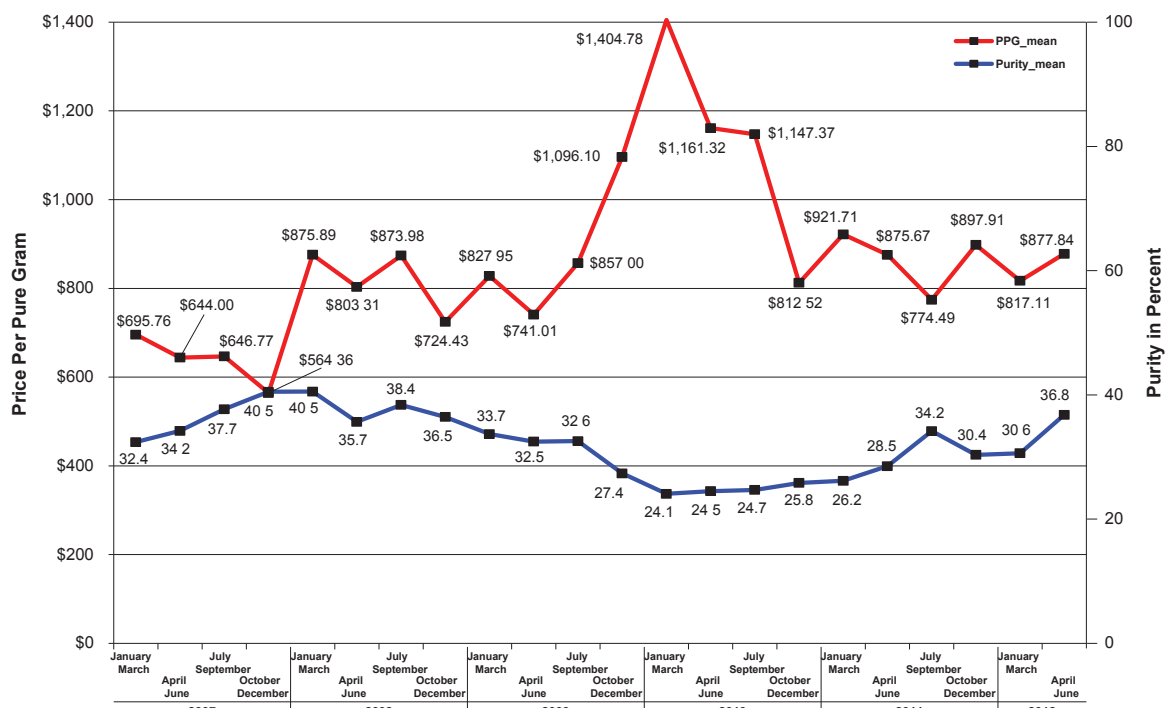


NOTE: During the second quarter of 2012, the number of cocaine samples analyzed for the STRIDE dataset decreased significantly as compared with the first quarter of 2012 due to resource limitations.

SOURCE: DEA Intelligence Division - Indications and Warning Section, as reported by Wanda Iyoha at the January 2013 CEWG meeting



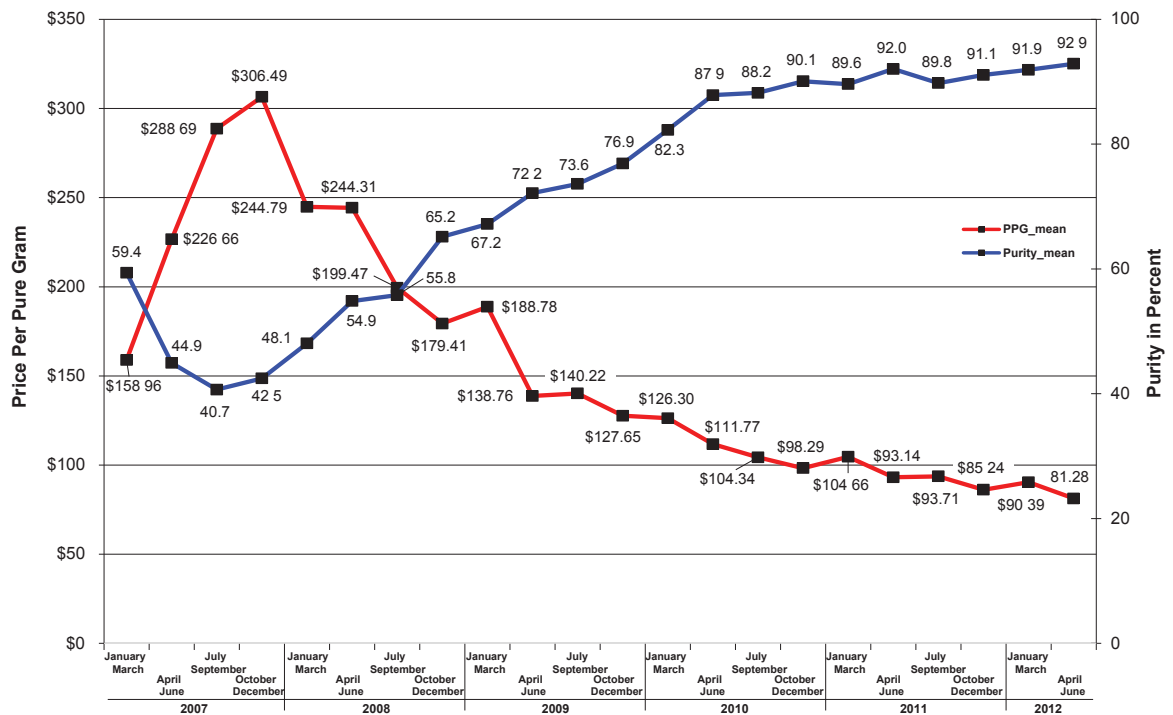
Figure 2B. Price and Purity Data on All Heroin Purchases in the United States, Domestic STRIDE Data: January 2007–June 2012



SOURCE: DEA Intelligence Division - Indications and Warning Section, as reported by Wanda Iyoha at the January 2013 CEWG meeting



Figure 2C. Price and Purity Data on All Methamphetamine Purchases in the United States, Domestic STRIDE Data: January 2007–June 2012



SOURCE: DEA Intelligence Division - Indications and Warning Section, as reported by Wanda Iyoha at the January 2013 CEWG meeting

Table 2. Lifetime Use of Selected Drugs Among High School Students in 19 CEWG Areas and the United State: Percentages, 2005, 2009, and 2011

CEWG AREAS	Cocaine			Heroin			Methamphetamine			Marijuana			MDMA/Ecstasy			Inhalants			Prescription Drugs		
	2005	2009	2011	2005	2009	2011	2005	2009	2011	2005	2009	2011	2005	2009	2011	2005	2009	2011	2005	2009	2011
WESTERN REGION																					
Colorado	8.1	8.3	6.3	1.3*	3.2	3.9	4.0	3.5	3.4	42.4	42.6	39.5	6.9*	10.2	11.7	9.8	9.2	8.6	—	—	19.6
Hawaii	6.5	6.0	6.4	2.5	—	—	4.3	3.9	3.4	34.6	40.2	—	6.1*	8.2	9.0	13.0*	10.1	9.7	—	—	14.3
Los Angeles	10.0	9.7	9.2	1.8*	3.8	4.4	10.2*	7.1	6.9	39.7	37.6	42.4	3.5*	11.0**	16.4	17.9	16.9	14.9	—	—	12.1
New Mexico	—	12.8	11.4	—	4.7	4.7	—	6.3	5.5	—	—	—	—	14.1	12.2	—	—	—	—	—	20.2
San Diego	8.6	7.6	8.4	3.2	2.4	2.8	7.9*	3.8	4.9	39.2	37.3	40.1	7.4*	10.2**	16.1	13.5	10.7	11.0	—	—	13.9
San Francisco	4.7*	5.3	7.1	2.3*	3.1**	5.0	3.7*	4.0	5.3	29.5	26.5	30.1	—	8.6**	12.1	—	8.1	7.4	—	—	11.4
Seattle	—	5.0	—	—	3.9	—	—	4.5	5.2	—	36.6	—	—	7.6	—	—	8.1	8.1	—	—	—
Texas	11.9*	8.5	9.4	3.0	2.1**	3.3	7.3*	3.7**	5.0	42.2	37.4	40.5	8.2*	9.0**	11.9	13.2	11.9	11.4	—	—	22.1
MIDWESTERN REGION																					
Chicago	4.2	6.7	5.9	2.0*	4.7	3.9	1.5*	4.3	3.4	44.9	41.0	42.6	3.3*	6.5	6.9	7.0*	9.9	10.7	—	—	9.8
Detroit	1.7*	4.9	4.1	0.8*	— ¹	2.4	1.0*	— ¹	3.3	40.6*	36.4**	47.9	—	—	—	8.0	12.1**	7.9	—	—	—
NORTHEASTERN REGION																					
Boston	2.9	2.8	3.1	1.9	1.7	2.0	1.8	2.3	2.0	39.3	37.7	40.3	— ²	3.0	3.3	—	6.0	5.6	—	—	—
Maine	7.6	—	—	3.5	—	—	5.2	—	—	—	36.2	35.8	5.3	—	—	13.0	14.8**	11.0	—	—	13.9
New York City	3.6	4.2	4.1	1.8*	2.6	2.7	2.5	2.9	2.8	28.1	27.1	—	3.7*	4.4	4.7	8.7	9.7	10.0	—	—	—
Philadelphia	—	4.1	3.2	—	3.3	2.8	—	4.0	2.8	—	38.1	38.2	—	4.1	4.0	—	8.9	8.5	—	—	8.6
SOUTHERN REGION																					
Broward County/ So. FL	5.8	7.2	5.5	2.5	4.5**	2.1	4.0	5.7	3.3	34.8	36.6	38.1	6.1*	9.1	9.2	8.8	10.0	9.0	—	—	12.8
Maryland	6.9	6.3	5.9	2.6*	4.1	4.2	4.0	4.3	4.5	38.2	35.9	37.0	5.0	6.4	6.9	12.5*	11.0	9.4	—	—	15.2
Miami-Dade County/So. FL	6.3	8.3**	6.1	1.8	3.6	3.0	2.4*	4.0	4.0	28.3*	31.7	32.2	5.4*	10.3	9.9	8.2	9.1	9.9	—	—	10.7
Palm Beach County/So. FL	6.1	6.2	6.8	3.2	3.4	4.4	5.0	3.9	4.8	32.6*	39.9	43.5	5.9*	7.9**	10.7	9.8	9.0	9.8	—	—	14.0
Washington, DC	2.1*	—	4.6	1.9*	—	3.9	2.0	—	3.0	27.2*	—	43.0	4.0	—	4.8	5.5*	—	11.8	—	—	7.3
UNITED STATES																					
United States	7.6	6.4	6.8	2.4*	2.5	2.9	6.2*	4.1	3.8	38.4	36.8**	39.9	6.3*	6.7**	8.2	12.4	11.7	11.4	—	—	20.7

NOTES: 1. The symbol ** denotes that the percentage for 2005 is significantly different (at the $p=.05$ level or below) from the percentage for 2011; *** denotes that the percentage for 2009 is significantly different (at the $p=.05$ level or below) from the percentage for 2011.
2. — denotes that no YRBS data are available.

¹Percentages are not reported based on advice from CDC due to data instability.

²Percentage is not reported based on advice from CDC. Although a question about lifetime MDMA was asked on the 2005 Boston survey, the wording did not follow the standard format, rendering the data noncomparable to other YRBS results.

SOURCE: Youth Online, YRBS, CDC, data retrieved December 12–16, 2012

Table 2A. (Continuation of Table 2). 30-Day Use of Cocaine and Marijuana Among High School Students in 19 CEWG Areas and the United States: Percentages, 2005, 2009, and 2011

CEWG AREAS	30-Day Cocaine			30-Day Marijuana		
	2005	2009	2011	2005	2009	2011
WESTERN REGION						
Colorado	2.7	3.6	—	22.7	24.8	22.0
Hawaii	3.0	—	—	17.2*	22.1	21.9
Los Angeles	4.9	3.6	4.1	18.1	19.3	22.4
New Mexico	7.9*	5.6	5.2	26.2	28.0	27.6
San Diego	4.1	3.2	3.9	18.6*	18.9**	24.0
San Francisco	—	3.0	—	15.6	16.0	17.9
Seattle	—	2.5	—	—	21.4	20.8
Texas	—	3.1**	4.1	21.7	19.5	20.8
MIDWESTERN REGION						
Chicago	1.9	3.4	2.2	22.5	22.2	25.0
Detroit	1.1*	2.8	2.0	18.5	16.6	16.3
NORTHEASTERN REGION						
Boston	—	0.9	1.7	21.2*	21.7**	27.0
Maine	3.2	—	—	22.2	20.5	21.2
New York City	1.8	—	—	12.3*	15.0**	17.7
Philadelphia	—	2.1	1.9	—	19.0	21.3
SOUTHERN REGION						
Broward County/So. FL	2.9	4.3**	2.7	17.3*	23.7	22.1
Maryland	2.4	3.2	2.7	18.5	21.9	23.2
Miami-Dade County/So. FL	3.1	4.4	3.7	12.8*	19.3	18.3
Palm Beach County/So. FL	3.2	3.1	4.3	18.7*	23.1	26.6
Washington, DC	0.9	—	—	14.5*	—	26.1
UNITED STATES						
United States	3.4	2.8	3.0	20.2*	20.8**	23.1

NOTES:

1. The symbol '*' denotes that the percentage for 2005 is significantly different (at the $p=0.05$ level or below) from the percentage for 2011; '**' denotes that the percentage for 2009 is significantly different (at the $p=0.05$ level or below) from the percentage for 2011.

2. — Denotes that no YRBS data are available.

SOURCE: Youth Online, YRBS, CDC, data retrieved December 12–16, 2012

Table 3. Statistically Significant Changes in Lifetime Use of Selected Drugs Among High School Students in 19 CEWG Areas and the United State in 2011, Compared With 2005 and 2009

LEGEND: Compared with 2005 or 2009, Increase in 2011; Decrease in 2011; Stable in 2011

CEWG AREAS	Cocaine: Comparison With 2011		Heroin: Comparison With 2011		Methamphetamine: Comparison With 2011		Marijuana: Comparison With 2011		MDMA/Ecstasy: Comparison With 2011		Inhalants: Comparison With 2011	
	2005	2009	2005	2009	2005	2009	2005	2009	2005	2009	2005	2009
WESTERN REGION												
Colorado												
Hawaii			—	—			—					
Los Angeles												
New Mexico	—		—		—		—		—		—	—
San Diego												
San Francisco											—	
Seattle	—	—	—	—	—		—	—	—	—	—	
Texas												
MIDWESTERN												
Chicago												
Detroit				XX		XX			—	—		
NORTHEASTERN												
Boston									—		—	
Maine	—	—	—	—	—	—	—		—	—		
New York City							—	—				
Philadelphia	—		—		—		—		—		—	
SOUTHERN REGION												
Broward County/ So. FL												
Maryland												
Miami-Dade County/ So. FL												
Palm Beach County/ So. FL												
Washington, DC		—		—		—				—		—
UNITED STATES												
United States												






























































NOTES:

1. — Denotes that no YRBS data are available.
2. XX=Percentages are not reported based on advice from CDC due to data instability.

SOURCE: Youth Online, YRBS, CDC, data retrieved December 12–16, 2012

Table 3A. (Continuation of Table 3). Statistically Significant Changes in 30-Day Use of Cocaine and Marijuana Among High School Students in 19 CEWG Areas and the United States in 2011, Compared With 2005 and 2009

LEGEND: Compared with 2005 or 2009,  Increase in 2011;  Decrease in 2011;  Stable in 2011

CEWG AREAS	30-Day Cocaine: Comparison With 2011		30-Day Marijuana: Comparison With 2011	
	2005	2009	2005	2009
WESTERN REGION				
Colorado	—	—		
Hawaii	—	—		
Los Angeles				
New Mexico				
San Diego				
San Francisco	—	—		
Seattle	—	—	—	
Texas				
MIDWESTERN REGION				
Chicago				
Detroit				
NORTHEASTERN REGION				
Boston	—			
Maine	—	—		
New York City	—	—		
Philadelphia	—		—	
SOUTHERN REGION				
Broward County/So. FL				
Maryland				
Miami-Dade County/So. FL				
Palm Beach County/So. FL				
Washington, DC	—	—		—
UNITED STATES				
United States				

NOTES:

1. — Denotes that no YRBS data are available.

SOURCE: Youth Online, YRBS, CDC, data retrieved December 12–16, 2012

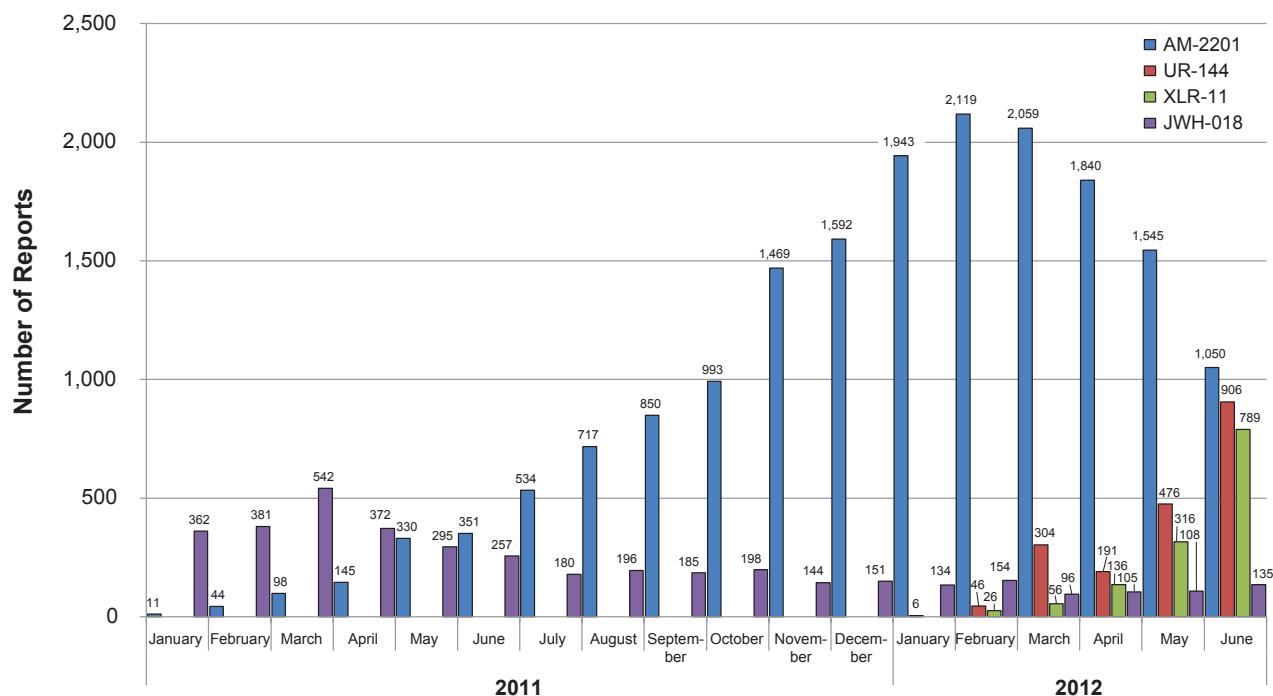
SPOTLIGHT: MONITORING CANNABIMIMETICS (SYNTHETIC CANNABINOIDS) AND SUBSTITUTED CATHINONES (SYNTHETIC CATHINONES)

Cannabimimetics (synthetic cannabinoids), which have been identified in products marketed under various names including “K2” and “Spice,” and synthetic cathinones (also known as substituted cathinones and “bath salts”) have been associated with significant health consequences and continue to raise concerns nationally and in local communities. ***Analysis of NFLIS data for CEWG areas and the United States overall indicates widespread availability and a changing profile of new substances available.***

NFLIS Forensic Laboratory Data on Cannabimimetics (Synthetic Cannabinoids)

- Cannabimimetic agents, or synthetic cannabinoids, were identified among drug reports in 24 of 25 areas in the first half of 2012; none were identified in Honolulu. Ten CEWG areas showed total drug reports equal to or exceeding 1.0 percent identified as cannabimimetics, including Denver (6.5 percent), Atlanta (6.4 percent), Colorado (4.8 percent), St. Louis (4.3 percent), Albuquerque (4.2 percent), Texas (4.1 percent), Maine (1.8 percent), Philadelphia (1.3 percent), Maryland (1.2 percent), and Minneapolis/St. Paul (1.0 percent) (appendix table 3.1).
- To illustrate the rapidly changing profile of cannabimimetics available, figure 3 shows numbers of monthly drug reports for four cannabimimetics—AM-2201, UR-144, XLR-11, and JWH-018—in the United States from January 2011 to June 2012. NFLIS drug reports were highest for AM-2201, which rose from 11 reports in January 2011 to a high of 2,119 in February 2012 and then declined to 1,050 in June 2012. More steady declines were noted for JWH-018, which represented 362 drug reports identified in analyzed drug items in NFLIS forensic laboratories in January 2011 but then fell to 135 in June 2012. Two more recently emerging cannabimimetics are UR-144 and XLR-11. UR-144 appeared in drug reports in January 2012, numbering 6, and the total increased to 906 reports in June 2012. XLR-11 emerged in February 2012, with 26 drug reports, and such reports rose to 789 in June 2012 (figure 3).
- Appendix table 3.1 shows that, overall, approximately one-half (48.2 percent) of all cannabimimetics identified in United States drug reports in this reporting period were AM-2201, followed distantly by UR-144 (8.7 percent), JWH-122 (8.0 percent), JWH-210 (6.2 percent), and XLR-11 (6.0 percent).
- **AM-2201** surfaced for the first time in 9 of 25 CEWG reporting areas among their NFLIS top 10 drug report rankings in the first half of 2012: Albuquerque (5th), Atlanta (8th), Colorado (5th), Denver (5th), Maryland (7th), Miami (10th), Philadelphia (8th), St. Louis (7th), and Texas (7th) (table 1). The drug ranked first among the cannabimimetics in NFLIS reports in the United States, where it ranked eighth in the first half of 2012 (appendix table 3.1 and table 1).
- In the first half of 2012, the second ranked cannabimimetic nationally was **UR-144**, while **JWH-122** ranked third among cannabimimetic reports in the United States. UR-144 ranked 10th among drug reports in Atlanta. JWH-122 ranked 7th in Denver and 10th in Colorado, while JWH-018 ranked 10th in Colorado among NFLIS total drug reports in the first half of 2012 (appendix table 3.1 and table 1).

Figure 3. Number of Drug Reports of Selected Synthetic Cannabinoids (AM-2201, JWH-018, UR-144, and XLR-11) by Month, NFLIS: January 2011–June 2012



SOURCE: U.S. Drug Enforcement Administration, National Forensic Laboratory Information System (NFLIS); database queried on January 11, 2013, with results reported by Artisha Polk at the January 2013 CEWG meeting

NFLIS Forensic Laboratory Data on Substituted Cathinones (Synthetic Cathinones)

- One or more substituted cathinones were identified in drug reports in all but 1 (Honolulu) of the 25 CEWG reporting areas in the first half of 2012. The highest percentage of drug reports identified as substituted cathinones were in Maine, at 6.2 percent; this was followed by 2.7 percent in Washington, DC, 2.2 percent in Atlanta, 1.7 percent in Miami, 1.4 percent each in St. Louis and Texas, and 1.0 percent each in Minneapolis/St. Paul and Phoenix (appendix table 3.2). **MDPV** was identified in all but three CEWG areas; the exceptions were Honolulu, San Francisco, and Seattle. It was identified in 28.2 percent ($n=1,912$) of 6,774 total drug reports for substituted cathinones in the United States. MDPV emerged among the top 10 NFLIS drug reports, holding sixth place in this reporting period in Maine, although the numbers were small (table 1; appendix table 2).
- Several other substituted cathinones that were identified in CEWG area drug reports in the first half of 2012 included methylone, mephedrone, alpha-PVP, 4-MEC, pentedrone, butylone, and 4-MEPPP.
- For the U.S. NFLIS drug reports as a whole, the top three substituted cathinones in the first half of 2012 were **MDPV** (28.2 percent), **methylone** (22.2 percent), and **alpha-PVP** (21.1 percent). These were followed by pentedrone (8.4 percent) and 4-MEC (7.9 percent) (appendix table 3.2).

CEWG Reports on Cannabimimetics (Synthetic Cannabinoids)

Western Region:

- In the **Denver/Colorado** area, poison control center data for cannabimimetics showed stable numbers from 2010 to 2011 to the first 4 months of 2012; however, reports for these drugs among items analyzed by NFLIS laboratories increased as a percentage of all items. For the first time, in the first half of 2012, AM-2201 and JWH-122 appeared among the top 10 NFLIS drug reports in Colorado, and AM-2201, JWH-122, and JWH-018 appeared among the top 10 NFLIS drug reports in the Denver area.
- While still appearing at low indicator levels compared with other drugs in the **Los Angeles** area, cannabimimetics showed increases in the first half of 2012 from 2011 data in both NFLIS drug report data and poison control center call data.
- In **Seattle**, cannabimimetics were similarly identified at low levels in law enforcement evidence in the first half of 2012, but these drugs were frequently mentioned anecdotally in the area, according to the area representative.
- In the **Phoenix** area, calls to poison control centers in Maricopa County related to THC (tetrahydrocannabinol) homologs (cannabimimetics) decreased substantially from the second half of 2011 to the second half of 2012.
- Calls to poison control centers for cannabimimetics peaked in **Texas** in spring and summer 2012, and they declined during the final months of 2012. These synthetic compounds continued, however, to be reported by the area representative as drugs of concern in that State.

Midwestern Region:

- The area representative from **Detroit** noted that reports of cannabimimetics were appearing in Wayne County among drug items analyzed in NFLIS laboratories in the first half of 2012, and that during that time period there was an increase in the number of calls to poison control centers for intentional human consumption of cannabimimetics.
- In the **Minneapolis/St. Paul** Twin Cities area, the number of human exposures to cannabimimetics reported to the Hennepin Regional Poison Center increased from 2011 to 2012.
- In **Chicago**, according to the area representative, cannabimimetics appeared to be much less available in that area in the first half of 2012, compared with previous reporting periods. He speculated that this was due to the effects of Federal and local regulations intended to curtail their use.

Northeastern Region:

- The area representative from Philadelphia reported that for the first time a synthetic cannabinoid (AM-2201) appeared among the top 10 drug reports among items analyzed in NFLIS laboratories in that area.

Southern Region:

- Reports identified as cannabimimetics among drug items analyzed by NFLIS laboratories in both **Maryland** and **Washington, DC**, increased sharply in the first half of 2012 from 2011; seizures of cannabimimetics by the Washington/Baltimore HIDTA also increased during this time period.

- In **Atlanta**, calls to poison control centers related to cannabimimetics decreased from 2011 to 2012.

CEWG Reports on Substituted Cathinones (Synthetic Cathinones)

Western Region:

- In **Los Angeles**, increases in substituted cathinones were reported in the first half of 2012 from 2011, in both NFLIS drug report data and poison control center call data.
- Poison control center data for substituted cathinones in the **Denver** area showed stable numbers from 2010 to 2011 to the first 4 months of 2012; however, the Denver Crime Laboratory reported an increase in synthetic (substituted) cathinones mixed with other drugs, such as MDMA, Foxy methoxy (5-Methoxy-N,N-Diisopropyltryptamine, or 5-MeO-DIPT), or heroin.
- As with cannabimimetics, calls to poison control centers in **Phoenix** (Maricopa County) related to “bath salts” (substituted cathinones) decreased substantially from the second half of 2011 to the second half of 2012.
- Calls to poison control centers for substituted cathinones peaked in **Texas** in spring and summer 2012, as they did for cannabimimetics, and declined during the final months of 2012.

Midwestern Region:

- New “bath salt” combinations were surfacing in the first half of 2012, according to the area representative from **St. Louis**. While no deaths had been attributed to these drugs in the St. Louis area, media and law enforcement issued alerts about their increasing availability in the region.

Northeastern Region:

- Levels remained low relative to other drugs, and calls to poison control centers related to substituted cathinones declined, from 2011 to 2012, in the State of **Maine**. However, concerns regarding a possible increase in their use continued, with substantial increases in numbers of arrests related to substituted cathinones, increases in impaired drivers testing positive for these drugs, and increases of reports among drug items analyzed by NFLIS laboratories for substituted cathinones in this reporting period.

Southern Region:

- Reports of drugs identified as methylone, a substituted cathinone, among drug items analyzed by forensic laboratories in **Broward and Miami-Dade Counties** were increasing according to the area representative. He reported that capsules sold as “Mollys” were reported to be pure MDMA, but 94 items tested by Broward County’s Sheriff’s Office Crime Laboratory between March and October 2012 contained methylone instead of MDMA. In 2012, Miami-Dade County had 276 methylone crime laboratory cases; the drugs were in clear capsules and had been sold as “Mollys.”
- NFLIS drug reports for substituted cathinones among drug items analyzed by NFLIS laboratories also increased in both **Maryland** and **Washington, DC**, in the first half of 2012 from 2011.
- In **Atlanta**, calls to poison control centers related to substituted cathinones decreased from 2011 to 2012.

SUMMARY OF DRUG TRENDS BY REGION

The following section summarizes trends described by CEWG area representatives and highlights findings based on a review of the most recent drug indicator data available and presented at the 2013 January CEWG meeting. Availability of indicator data varies by area. Indicators reviewed for each area are noted in appendix table 1.

Cocaine

Western CEWG Region:

- ***Continuing declines in cocaine indicators were reported in the first half of 2012 in Albuquerque, Denver/Colorado, Honolulu/Hawaii, Los Angeles, Phoenix, Seattle, and Texas.*** The proportion of primary treatment admissions for cocaine decreased in the first half of 2012 from 2011 levels in **Denver/Colorado, Honolulu/Hawaii, Los Angeles, and Seattle**, but the Seattle area representative reported that cocaine was still a drug of concern in that area. The cocaine supply, price, and purity levels shifted in the Denver area in 2012, to a sporadic supply with higher prices and lower quality, according to the Denver/Colorado area representative. In **Albuquerque**, the unintentional overdose death rate for cocaine per 100,000 population continued to decline in 2011 from 2009 and 2010. In **Phoenix**, all cocaine indicators were down in the first half of 2012 compared with previous reporting periods, including cocaine-related hospital admissions and cocaine-related calls to poison control centers. The **Texas** area representative reported that cocaine indicators were declining in the State as the supply there was affected by the increased volume of cocaine being shipped to Europe. This supply dynamic was also noted by the Phoenix area representative.
- ***Mixed indicators were reported for cocaine by the area representative from San Francisco,*** where percentages of primary treatment admissions for cocaine declined from fiscal year (FY) 2011 to FY 2012, but proportions of drug reports identified as cocaine among drug items analyzed by NFLIS laboratories showed increases in the first half of 2012 compared with 2011.
- ***Stable cocaine indicators were reported for San Diego,*** where proportions of both primary treatment admissions for cocaine and reports among drug items analyzed in NFLIS laboratories identified as cocaine were stable from previous reporting periods in the first half of 2012.

Midwestern Region:

- ***Continuing declines in cocaine indicators were reported by the representatives from Chicago, Cincinnati, and St. Louis.*** While cocaine continued to be a major drug of abuse in the **Chicago** area, cocaine availability in the city was down and the proportion of drug reports identified as cocaine among drug items analyzed by NFLIS laboratories decreased from 19.0 percent of the total in 2011 to 16.6 percent in the first half of 2012. In **Cincinnati**, the proportion of primary treatment admissions for cocaine, number of calls to poison control centers, and percentage of drug reports identified as cocaine among drug items analyzed by NFLIS laboratories all declined in the first half of 2012 from 2011. Primary treatment admissions also continued to decline in the **St. Louis** area in the first half of 2012 from previous reporting periods. However, while heroin had taken attention away from the cocaine problem in St. Louis, cocaine continued to be a prevalent drug of abuse in the urban area, according to the area representative. Qualitative information from law enforcement officials suggested an increase in cocaine availability, along with stabilizing prices and purity.

- **Mixed cocaine indicators were reported by the area representative from Detroit**, where cocaine remained a major drug of abuse in the first half of 2012. Proportions of both primary treatment admissions and drug-related deaths attributed to cocaine declined from the first half of 2011 to the first half of 2012, but calls to the Poison Control Center in Michigan related to cocaine increased from 111 in 2011 to 156 (annualized) in 2012. The price of cocaine also increased in Detroit in the second half of 2012, based on input from a law enforcement focus group.
- **Stable indicators for cocaine were reported for Minneapolis/St. Paul**, where primary treatment admissions for cocaine accounted for 5.8 percent of total admissions in the first half of 2012 compared with 5.2 percent in 2011.

Northeastern Region:

- **Mixed indicators were reported by all four area representatives from the Northeast—Boston, Maine, New York City, and Philadelphia.** In **Boston**, the proportions of primary treatment admissions for cocaine and reports identified as cocaine among drug items analyzed by NFLIS laboratories continued to decline; cocaine NFLIS reports declined from 21.7 percent of all reports in 2011 to 18.8 percent in the first half of 2012. The proportion of primary cocaine treatment admissions also declined steadily, from 9 percent of all admissions in FY 2006 to 5 percent in FY 2012. However, the proportion of cocaine overdose emergency department visits was stable from FY 2008 to FY 2011 and the proportion of arrests for cocaine was stable from 2009 to 2011. Indicators for cocaine were also reported as mixed in **New York City**, where primary treatment admissions continued to decline to the lowest number in more than two decades. Proportions of cocaine drug reports among drug items analyzed by NFLIS laboratories remained stable in the city, with higher percentages and more numbers of reports identified as cocaine than for any other drug. In **Maine**, the proportion of cocaine arrests decreased from 2011 to 2012; the proportions of cocaine drug-induced deaths and cocaine primary treatment admissions were stable; and the percentage of impaired driver urinalyses with cocaine present increased in this reporting period. Indicators for cocaine were similarly mixed in **Philadelphia**, where proportions of cocaine drug reports among drug items analyzed by NFLIS laboratories decreased from 33.0 percent of all drug reports in 2011 to 27.9 percent in the first half of 2012; percentages of primary cocaine treatment admissions were stable; and numbers of deaths in which cocaine was detected increased substantially in this reporting period (they were estimated to reach 356 in 2012, compared with 264 in 2011).
- **High indicator levels for cocaine compared with other drugs continued in Boston, New York City, and Philadelphia, while indicator levels were reported as moderate relative to other drugs in Maine.** The **New York City** area representative emphasized that despite declining trends, cocaine is still a major drug problem, and cocaine continues to be a prevalent drug of abuse, with high indicators relative to other drugs.

Southern Region:

- **All three CEWG area representatives in the South (Atlanta, and the Baltimore/Maryland/Washington, DC, and Miami-Dade and Broward Counties/South Florida areas) reported declining cocaine indicators in the first half of 2012. However, cocaine availability remained high relative to other drugs in the three areas.** A higher percentage of drug reports were identified as cocaine among analyzed drug items than for any other drug in **Atlanta**. Most indicators there were declining, however. The proportion of primary treatment admissions for cocaine stabilized in the first half of 2012 after a 5-year decline, but proportions of cocaine reports among drug items analyzed by NFLIS laboratories and numbers of calls to the area poison control center decreased in the first half of 2012. A decline in cocaine indicators continued in the first half of 2012

in the **Miami-Dade and Broward Counties/South Florida** area, but the decline was reported as showing signs of slowing. Based on projections from the first half of 2012, numbers of cocaine primary treatment admissions declined from 1,052 in 2011 to 776 in 2012 in Miami-Dade County and from 555 to 524 in Broward County from 2011 to 2012. Cocaine continued to represent the highest number and proportion, however, of drug reports among drug items analyzed by NLFIS laboratories, representing 48.9 percent of total reports in the first half of 2012 (a proportion stable from 49.0 percent in 2011). The number of primary treatment enrollments for cocaine decreased from the first half of 2011 to the first half of 2012 in **Maryland**. Cocaine indicator levels continued to be high relative to other drugs in the Baltimore/Maryland/Washington, DC, area, based on the high proportion of adult arrestee positive urinalyses in **Washington, DC**.

Heroin

Western CEWG Region:

- ***High heroin indicator levels were reported in Seattle and San Diego.*** In **Seattle**, a well-established heroin “culture” continued, according to the area representative. In this reporting period, heroin was the most common drug mentioned by helpline callers, and heroin was the most common drug reported in the first half of 2012 among items analyzed by NFLIS laboratories, totaling 17.9 percent of total reports (methamphetamine reports were a close second among analyzed items, representing 17.8 percent of all reports). Indicators in **San Diego** remained high, according to the area representative, but were possibly stabilizing in the first half of 2012. However, heroin/morphine overdose deaths continued to increase in the San Diego area.
- ***Increases in heroin indicators in the first half of 2012 were reported in Albuquerque, Denver/Colorado, Phoenix, and Texas.*** Heroin overdose deaths continued to be high in **Albuquerque** and New Mexico, despite the presence of the New Mexico Department of Health Harm Reduction Program (naloxone program). In **Denver and Colorado**, heroin indicators increased from 2011 to the first half of 2012, based on treatment admissions data, availability, and drug-related mortality data. In **Phoenix**, heroin indicators were reported as mixed but mostly increasing. Heroin/opioid-related hospital admissions in Maricopa County increased from the first half of 2011 to the first half of 2012, and the median age of those admissions increased also, from 44 years in the first half of 2011 to 47 years in the first half of 2012. Death data and poison control center call data in **Texas** indicated that heroin indicator levels in the State were possibly increasing from previous reporting periods, according to the area representative.
- ***Most heroin indicators were stable in Honolulu/Hawaii and Los Angeles in this reporting period,*** according to the area representatives. Heroin primary treatment admissions, heroin-related calls to poison control centers, and reports identified as heroin among drug items analyzed in NFLIS laboratories in the first half of 2012 were all stable from previous reporting periods in the Los Angeles area.
- ***High levels and stable or declining indicators were reported in San Francisco.*** Heroin continued to be the most common primary drug problem reported in treatment services data in that area in the first half of 2012.
- ***In Texas, the mean age of heroin decedents continued to decline.*** In 2011, the mean age of heroin decedents was 34 years; this was a decline in mean age from 36 years in 2009 and 40 years in 2008.

- **Reports of new types of heroin were continuing** in the western region. During this reporting period, sandy-colored or “gunpowder” heroin was reported in **San Francisco**; white heroin was reported in **Phoenix** and **Texas** (where it was described as having a “cardboard” color). “Persian” or “Iranian” heroin, which was suspected to be heroin dissolved with lemon juice or black tar heroin from Mexico that was cut with a new adulterant, was noted in **San Diego**.

Midwestern Region:

- **High or very high heroin indicator levels relative to other drugs were reported in Chicago, Cincinnati, Detroit, and St. Louis.** Heroin continued to be reported as a major drug of abuse in both **Chicago** and **Detroit** (including Wayne County and the State of Michigan), and it continued to account for the highest proportion of primary treatment admissions among Chicago and Detroit residents. Heroin indicators remained high and mixed in **St. Louis**. While heroin-related deaths in the city and county decreased (from 32.4 percent in the first half of 2011 to 29.5 percent in the first half of 2012), primary treatment admissions for heroin, which increased by 97 percent from the first half of 2008 to the first half of 2012, surpassed primary treatment admissions for both alcohol and marijuana in that area.
- **Increases in heroin indicators were reported in Cincinnati, Chicago, and Minneapolis/St. Paul.** Several indicators for heroin were increasing in **Cincinnati** in the current reporting period, including the proportion of reports identified as heroin among drug items analyzed by NFLIS laboratories, human exposure calls to poison control centers involving heroin, deaths related to heroin, and heroin seizures by the Cincinnati Regional Enforcement Narcotics Unit. In **Detroit**, primary treatment admissions for heroin in FY 2012 constituted 34.5 percent of all admissions; this was an increase from 31.4 percent in FY 2011. Heroin-related treatment admissions continued to rise in the **Minneapolis/St. Paul** area, where they accounted for a record-high 12.5 percent of all primary admissions to treatment in the first half of 2012 (compared with 10.0 percent in the first half of 2011).
- **Heroin purity levels were reported as declining in both Cincinnati and Chicago.** The number of impurities detected by the DEA laboratory in Cincinnati was substantial for the number of samples analyzed, according to the area representative. Preliminary data in Chicago indicated that heroin purity at the street level declined sharply in this reporting period; however, the Illinois Poison Center reported an increase in calls regarding potent heroin that required notably higher levels of naloxone to reverse when overdoses occurred. **Purity levels were reported as high, however, in the St. Louis and Minneapolis/St. Paul areas.**

Northeastern Region:

- **High or very high heroin indicator levels relative to other drugs were reported in Boston, Philadelphia, and New York City.** Heroin primary treatment admissions were especially high in **Boston**, at 52 percent of total admissions. In **Philadelphia**, the proportion of deaths in which heroin was detected was high and stable, at 34.0 percent (compared with 32.4 percent in the first half of 2011). Heroin continued to be reported as a major drug problem in **New York City**, and heroin indicators continued to be very high relative to other drugs. Primary treatment admissions were stable and constituted almost one-quarter of all admissions. Among New York City primary heroin treatment admissions, the percentage of clients reporting injection as the major route of administration increased from 41 to 44 percent from the first half of 2011 to the first half of 2012.
- **Relatively low but increasing heroin indicators were reported for Maine.** The area representative from Maine reported that heroin remained a problem throughout the State, and most indicators—numbers and percentages of heroin/morphine drug-induced deaths, arrests for heroin, law enforcement seizures, and primary treatment admissions—increased from 2011 to this reporting period.

Southern Region:

- ***Increases in heroin indicators were reported in the Miami-Dade and Broward Counties/ South Florida area***, where numbers of primary heroin treatment admissions were up substantially in the first half of 2012 in both Miami-Dade and Broward Counties when compared with 2011. Projections for 2012, based on annualized numbers in the first half of the year, showed an estimated increase from 227 admissions in 2011 to 308 in 2012 in Miami-Dade County, and an estimated increase from 169 admissions in 2011 to 316 in 2012 in Broward County.
- ***Heroin indicators were mostly increasing in Baltimore City and Maryland***, where levels of the drug continued to be high relative to other drugs. Proportions of primary treatment enrollments for heroin increased in the State of Maryland from the first half of 2011 to the first half of 2012. Percentages of heroin reports identified among drug items analyzed by NFLIS laboratories in Maryland were stable, but an increase in numbers of heroin intoxication deaths was reported in the State in the first half of 2012.
- ***Relatively low but slightly increasing heroin indicators were reported for Atlanta***. Although primary treatment admissions for heroin in the metropolitan Atlanta area remained relatively low (at 4.2 percent of all admissions in the first half of 2012), they showed an increase from the first half of 2011, when they represented 3.4 percent of the total. Similarly, numbers of heroin-related exposure calls to the Georgia Poison Center remained low compared with calls for other drugs, but they also increased slightly, from 43 in 2011 to 48 in 2012.

Younger Heroin Users:

- ***Nine out of 21 area representatives reported a continuing increase in young heroin users in their areas during this reporting period, including representatives from Denver/Colorado, Seattle, and San Francisco in the western region; Chicago, Detroit, Minneapolis/St. Paul, and St. Louis in the Midwest; and Boston and Maine in the eastern region.*** In **Denver**, a growing concern was reported by the area representative for the increase in treatment admissions of young heroin users, including young adults who switched from prescription opioids to heroin as their primary drug of abuse, which is attributed by the area representative to changes in availability and cost. The **Minneapolis/St. Paul** representative also reported anecdotal evidence of a continuing trend of new, young, mostly suburban heroin users who started with prescription opioids before switching to heroin. The **Seattle** area representative reported continuing increases of young adults using heroin, both in Seattle and statewide in Washington, based on treatment admissions data. Relatively high percentages of young, White heroin injectors were reported among treatment admissions clients in **Detroit** and **Chicago**. New users in treatment (those who began abuse within 24 months of admission) were predominantly young in **Maine** (with 60 percent being age 18–25) in the first half of 2012. In **Boston**, a lower proportion of heroin treatment admissions (36 percent of the total) were younger than 30 compared with the rest of Massachusetts, where the majority (53 percent) were younger than . The CEWG representative from **St. Louis** noted a “young heroin user problem” in the area that community forums were organized to address.

Opiates/Opioids Other Than Heroin

Western Region:

- ***Indicators for prescription opioids were observed as high relative to other drugs and increasing in five of the nine CEWG areas in the West: Albuquerque, Denver/Colorado, San Francisco, and Texas.*** In **Albuquerque**, from 2009 to the current reporting period, the number

of prescription drug overdose deaths experienced larger increases than the number of illicit drug overdose deaths. In **Denver** and **Colorado**, indicators for prescription opioids were showing upward trends, with increases in proportions of primary treatment admissions (from 2011 to the first half of 2012) and numbers of hospital discharges and drug-related deaths (in 2011 from 2010). Proportions of primary treatment admissions for other opioids were also increasing from 2011 levels in the first half of 2012 in **San Francisco** and **Texas**.

- **Indicators for prescription opioids were relatively high and stable in the Honolulu/Hawaii and Seattle areas**, as reported by the area representatives. Levels of prescription opioid indicators appeared to be leveling off in **Seattle**, in relation to other drugs, according to the area representative, although prescription opioids continued to be the most common drug type identified in drug-involved deaths in the first half of 2012.
- **Prescription opioid indicators were reported as relatively high and mixed in Phoenix**, where numbers of poison control center exposure calls decreased, while numbers of hospital admissions (combined with heroin) increased in the first half of 2012, compared with the first half of 2011.
- **Indicators remained low and stable for prescription opioids in Los Angeles and San Diego in the first half of 2012**. In **Los Angeles**, all indicators for prescription opioids remained low and stable—primary treatment admissions, the proportion of reports identified among drug items analyzed by NFLIS laboratories, number of calls to poison control centers, and proportions of nonfatal hospital emergency department cases. In **San Diego**, prescription opioid indicator levels remained low compared with other drugs, as reported by the area representative; however, there was a slight increase in that area in primary treatment admissions in the first half of 2012 compared with the first half of 2011.

Midwestern Region:

- **Indicators for prescription opioids were high relative to other drugs and increasing in Detroit, Wayne County, and the State of Michigan** in the first half of 2012; 40.2 percent of drug-related deaths were attributed to opiates (with both heroin and other opiates detected in most deaths).
- **Indicators for prescription opioids were high relative to other drugs in Cincinnati, Minneapolis/St. Paul, and St. Louis, but they were stabilizing in those areas in the first half of 2012**. While prescription opioids continued to be seen as a prominent drug issue in **Cincinnati**, based on poison control center and NFLIS data, indicators were stable from previous reporting periods in the first half of 2012. However, numbers of calls to poison control centers concerning buprenorphine and proportions of NFLIS reports of drug items analyzed for this drug were low and declining in Cincinnati in this reporting period. The area representative explained this as possibly due to prescribing the film version of the drug instead of tablets. Indicators for prescription opioids were reported as stable in **St. Louis**. While the actual number of primary treatment admissions for prescription opioids continued to be relatively low in the St. Louis area, anecdotal information indicated that abuse of narcotic analgesics was possibly increasing in the region. Prescription opioid indicators, such as primary treatment admissions, remained high, relative to other drugs, in the **Minneapolis/St. Paul** Twin Cities area, but a possible slight slowing trend in primary treatment admissions was reported by the area representative there.
- **Indicator levels for prescription opioids were moderate compared with other drugs, and indicator trends were not clear in Chicago**.

Northeastern Region:

- **High indicator levels for prescription opioids, relative to other drugs, continued to be reported in the State of Maine in 2012.** Pharmaceuticals were first in numbers of deaths, arrests, law enforcement seizures, impaired drivers, and treatment admissions in the State in this reporting period. Prescription opioids were usually found in these indicators in combination with other drugs.
- **Moderate indicator levels for prescription opioids, in relation to other drugs, were reported by the area representatives from Boston and Philadelphia.** While the area representative from **Philadelphia** reported mostly stable indicators, a slight increase in prescription opioids among drugs detected among decedents was reported by the representative in the current reporting period. In **Boston**, indicators for prescription opioids were stable or slightly decreasing in the first half of 2012. Proportions of primary other opiates/opioids treatment admissions remained stable between 4 and 5 percent for 4 years from FY 2009 to FY 2012. Drug reports identified as oxycodone among drug items analyzed by NFLIS laboratories decreased from 10 percent of total reports in 2011 to 8 percent in the first half of 2012.
- **Low but increasing levels for indicators were reported for the first half of 2012 for New York City.** Compared with other substances, prescription drug use remained low in New York City; however, many kinds of prescription opioids were reported as available on the street and gaining in popularity, according to the area representative. Primary treatment admission percentages for prescription opioids were relatively low but increasing in the first half of 2012, compared with previous reporting periods.

Southern Region:

- **Indicators were mixed in the Baltimore/Maryland/Washington, DC, area for prescription opioids,** according to the area representative, and increases in the first half of 2012 from the first half of 2011 were reported in numbers of treatment enrollments for prescription opioids in Maryland.
- **Decreasing indicators were reported by the area representative from the Miami-Dade and Broward Counties/South Florida area,** as the Florida Prescription Drug Monitoring Program and other public health and legal regulations have made nonmedical prescription medications more expensive and difficult to obtain in the State of Florida. Most notably, prescription drug-related deaths decreased in both Miami-Dade and Broward Counties in 2011, compared with 2010.
- **Indicator levels for prescription opioids remained low compared with other drugs in the metropolitan Atlanta area,** based on NFLIS reports and primary treatment admissions data.

Benzodiazepines

- **Twelve of 21 CEWG area representatives reported on benzodiazepines at the January 2013 meeting—those from Denver, Los Angeles, Seattle, and Texas in the West; Cincinnati in the Midwest; Boston, Maine, New York City, and Philadelphia in the Northeast; and Atlanta, and the Miami-Dade and Broward Counties/South Florida and Baltimore/Maryland/Washington, DC, areas in the South.** Benzodiazepines, such as alprazolam, clonazepam, and diazepam, often appeared in indicators in combination with other drugs. This was especially true for drug-related deaths, as reported by representatives from **Philadelphia, Maine, Miami-Dade and Broward Counties/South Florida, and Seattle.** The Miami-Dade and Broward Counties/South Florida and Maine representatives noted that benzodiazepines are often found in combination with prescription opioids.

Methamphetamine

Western CEWG Region:

- **Methamphetamine, as in past reporting periods, was prominent in indicator data and reported as a source of concern among all nine CEWG area representatives in the West—Albuquerque, Denver/Colorado, Honolulu/Hawaii, Los Angeles, Phoenix, San Diego, San Francisco, Seattle, and Texas. Several representatives in the West emphasized that it was still a major drug ranking high in several data sources in the first half of 2012, including NFLIS drug reports, primary treatment admissions, and death data.**
- ***Methamphetamine levels were high relative to other drugs and most indicators were increasing in the first half of 2012 in Los Angeles.*** Increases were reported in Los Angeles NFLIS drug reports and in poison control center calls, from the first half of 2011 to the first half of 2012. Methamphetamine remained a major concern to law enforcement agencies in the Los Angeles region, according to the area representative.
- ***Moderately high methamphetamine levels relative to other drugs, along with stable indicators, were reported in Seattle,*** based on primary treatment admissions and mortality data. ***Methamphetamine indicators were high and mixed in Honolulu/Hawaii, Phoenix, San Diego, and San Francisco.*** Most methamphetamine indicators remained relatively high in **Honolulu/Hawaii** (for example, treatment admissions and arrest data) in the first half of 2012. However, percentages of reports identified as methamphetamine among drug items analyzed by NFLIS laboratories declined and fell from first place in 2011 to second place among the top 10 drug reports in the first half of 2012. In **Phoenix**, primary treatment admissions for methamphetamine remained stable from the first half of 2011 to the first half of 2012, at 22 percent, while amphetamine/methamphetamine hospital admissions increased slightly over the same time period. Methamphetamine availability was down, however, according to the DEA Field Division, as a higher profit could be made by dealers in other areas, such as Los Angeles. Overdose deaths related to amphetamine/methamphetamine continued to be a concern in **San Diego**, but they appeared to be stabilizing in the first half of 2012, at the rate of 3.6 per 100,000 population. Methamphetamine continued to increase and rank first among reports identified in drug items analyzed in San Diego NFLIS laboratories, and the drug accounted for 38 percent of reports in the first half of 2012, an increase from 32 percent in 2011. The proportion of primary methamphetamine treatment admissions, however, continued to decline, from 29 percent of all admissions in the first half of 2011 to 25 percent in the first half of 2012. Similarly, methamphetamine levels continued to be high relative to other drugs in **San Francisco**, with mixed indicators. Primary treatment admissions for methamphetamine increased in San Francisco in FY 2012, over FY 2011 levels, but decreased in the five-county bay area. The proportion of reports identified as methamphetamine among drug items analyzed by NFLIS laboratories decreased in the first half of 2012, but methamphetamine continued to account for the largest proportion of drug reports in San Francisco in that period, at 32 percent of the total.
- ***Moderate to high levels, with stable indicators, were reported in Albuquerque and the Denver/Colorado area.*** Methamphetamine indicators were stable from previous reporting periods in **Albuquerque**, based on primary treatment admissions, NFLIS reports, and overdose death rate data. Among both **Denver** and **Colorado** indicators, methamphetamine was mostly stable with some mixed trends, based on a large and stable proportion of primary methamphetamine treatment admissions and availability in the first half of 2012, a slight increase in mortality rates in 2011 from the previous year, and a slight decrease in hospital discharge numbers and rates in 2011 from 2010.

- ***Increasing potency and purity were reported by the area representatives in Seattle and Texas.*** For instance, the **Texas** area representative reported both potency and purity continued to increase in Texas in the first half of 2012, based on data from the DEA's Methamphetamine Profiling Program through the third quarter of 2012. The high potency and purity of the methamphetamine coming from Mexico made with the P2P (phenyl-2-propanone) process is expected by the Texas representative to have implications for future reporting for both increasing treatment admissions and impaired users. The **Seattle** representative reported that law enforcement reports in the Seattle region indicated that most methamphetamine there was also coming from Mexico and the drug had a high purity.

Midwestern Region:

- ***Methamphetamine indicator levels continued to be high relative to other drugs in the Minneapolis/St. Paul area, but they appeared to be stabilizing in the Twin Cities in the first half of 2012, according to the area representative.*** Primary treatment admissions for methamphetamine accounted for 6.9 percent of all admissions in the first half of 2012, compared with 6.4 percent in the first half of 2011. Reports identified as methamphetamine among drug items analyzed in NFLIS laboratories constituted almost 20 percent of the total in the first half of 2012; 19 percent of total reports were identified as methamphetamine in 2011.
- ***Methamphetamine use in rural areas continued to be reported as a critical issue in the St. Louis area, where law enforcement reports indicated increased availability, according to the area representative.*** “Local cooks” continued to find creative ways to gain access to the chemicals needed to produce methamphetamine.
- ***Low methamphetamine indicator levels relative to other drugs continued in three CEWG areas in the Midwest—Chicago, Cincinnati, and Detroit.*** Representatives from these three areas reported continuing low levels relative to other drugs for methamphetamine in treatment admissions and other data sources in the first half of 2012 reporting period. Clandestine laboratory seizures were increasing in Cincinnati, however, and methamphetamine was reported as more prevalent outside Chicago than in the city in the first half of 2012 by that area representative.

Northeastern and Southern Regions:

- ***Continuing low or very low methamphetamine indicator levels relative to other drugs and stable indicators were reported by three representatives in the Northeast—Boston, New York City, and Philadelphia—and all three area in the South—Atlanta, Miami-Dade and Broward Counties/South Florida, and the Baltimore/Maryland/Washington, DC, area.*** Stable indicators in all of these areas were based on proportions of treatment admissions, NFLIS reports, and other available data sources in the first half of 2012.
- ***While methamphetamine numbers in the State of Maine remained very low, some indicators were increasing,*** as reported by the area representative, including primary treatment admissions, arrests, and drug items seized by law enforcement and identified as methamphetamine.

Marijuana/Cannabis

Western Region:

- ***High and increasing marijuana indicators were reported in Honolulu/Hawaii,*** based on an increase in the proportion of reports identified as marijuana among drug items analyzed in NFLIS laboratories in Honolulu. Marijuana moved from second place among the top 10 drug reports (28.7 percent of all reports) in 2011, to first place (53.9 percent of all reports) in the first half of 2012.

- **High and stable indicators for marijuana were reported in Albuquerque, Phoenix, and Seattle**, according to the CEWG representatives, based on all indicators in these areas in this reporting period.
- **Indicators were high and mixed in the Denver/Colorado area, Los Angeles, San Diego, and San Francisco.** While the proportion of primary treatment admissions for marijuana continued to exceed those for other drugs, such percentages of admissions declined slightly from the first half of 2011 to the first half of 2012 in both **Denver** and the State of **Colorado**; most other indicators were stable. Proportions of primary treatment admissions for marijuana increased in **Los Angeles**, from 24 percent of all admissions in the first half of 2011 to 26 percent in the first half of 2012. The proportion of drug reports identified as marijuana among drug items analyzed in NFLIS laboratories decreased slightly, however, from 36.7 percent of total reports in 2011 to 35.5 percent in the first half of 2012. Numbers of marijuana-related calls to poison control centers remained stable in 2012 from 2011. The area representative from **San Diego** reported mixed indicators; proportions of treatment admissions were stable, proportions of NFLIS reports identified as marijuana declined, and arrestee data were mixed (with proportions of females testing urinalysis-positive decreasing and males and juveniles increasing). In **San Francisco**, several indicators for marijuana were stable, but the proportion of marijuana treatment admissions in the bay area declined slightly in FY 2012, while the percentage of marijuana admissions in the city of San Francisco increased compared with FY 2011.
- **Youth marijuana use continued to be high in some CEWG areas in the West, based on youth surveys and primary treatment admissions data, as reported by the area representatives from Albuquerque, Denver/Colorado, Los Angeles, and Texas.** In **Los Angeles**, for example, more than one-half (59 percent) of primary treatment admissions for marijuana in Los Angeles County in the first half of 2012 were for adolescents younger than 18. Marijuana use increased among **Texas** secondary students after the introduction of cigars and blunt wraps as tools for smoking marijuana in 1993. In 2012, the levels of past-month marijuana use among African-American students continued to be higher than in 1990, while past-month marijuana use had declined to the 1990 levels for both White and Hispanic students.

Midwestern Region:

- **All indicators for marijuana were high and stable in Chicago, Cincinnati, Detroit, and Minneapolis/St. Paul in this reporting period.**
- **Marijuana indicators were high and mixed in St. Louis.** Marijuana continued to rank first among drug reports from drug items analyzed by NFLIS laboratories in St. Louis, but the proportion of primary treatment admissions for marijuana decreased from 20.5 percent of all admissions in the first half of 2011 to 16.7 percent in the first half of 2012.

Northeastern Region:

- **Indicators for marijuana were high and stable in Philadelphia**, based on all indicators in this area. According to focus group data, Philadelphia youth were reported to be dipping marijuana in cough syrup.
- **Marijuana indicators were high and mixed in New York City.** Previously reported substantial increases in proportions of marijuana treatment admissions stabilized in this reporting period (at 25 percent of total admissions).

- ***At moderate levels, indicators were reported as stable in Maine and mixed in Boston.*** All indicators—arrests, impaired drivers, seizures, and primary treatment admissions—were stable for marijuana in **Maine** for the first half of 2012. In **Boston**, the proportions of primary treatment admissions and drug arrests for marijuana decreased in this reporting period, but the proportion of reports identified as marijuana/cannabis among drug items analyzed by NFLIS laboratories increased in the first half of 2012 compared with 2011.

Southern Region:

- ***Marijuana indicators were reported as relatively high and increasing in the Baltimore/Maryland/Washington, DC, and Miami-Dade and Broward Counties/South Florida areas.*** For example, the proportion of marijuana reports among drug items analyzed by NFLIS laboratories continued to increase in **Baltimore City, Maryland, and Washington, DC**, in the first half of 2012, compared with 2011. Indicators for marijuana were also increasing in the **Miami-Dade and Broward Counties/South Florida** area, where there were higher numbers of primary treatment admissions for marijuana in both Miami-Dade and Broward Counties than for any other drug, including alcohol, in the first half of 2012.
- ***All indicators for marijuana were high and stable in Atlanta,*** based on primary treatment admissions, NFLIS, crisis line, and poison control center data.
- ***High youth use continued to be reported by the area representative from Miami-Dade and Broward Counties/South Florida,*** where 62 percent of the primary marijuana treatment admissions in Miami-Dade and Broward Counties were juveniles younger than 18 in the first half of 2012.

ACROSS CEWG AREAS: FORENSIC LABORATORY ANALYSIS (NFLIS) AND YOUTH SURVEY (YRBS) DATA

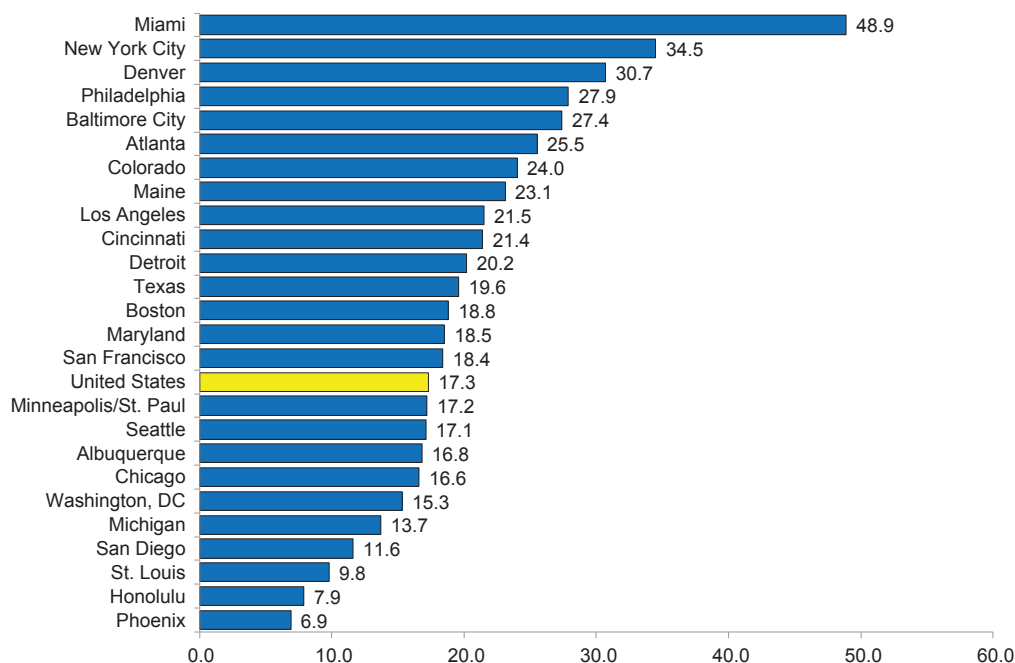
Cocaine/Crack

NFLIS Forensic Laboratory Data on Cocaine/Crack

In the first half of 2012, cocaine ranked among the top three drugs in drug reports of items seized and analyzed in forensic laboratories in all but two CEWG reporting areas, Albuquerque and Phoenix, where it ranked fourth. Cocaine was the drug most frequently identified in drug reports in 5 of the 25 CEWG areas shown on the map (figure 1) and in table 1. Cocaine ranked first as the most frequently reported drug in forensic laboratories in two of the five southern region CEWG areas (Atlanta and Miami). Cocaine also ranked first among drug reports in 2 of the 4 CEWG areas in the northeastern region (Maine and New York City) and in 1 of the 10 CEWG areas in the western region (Denver); cocaine did not rank first in any of the 6 areas in the midwestern region. Cocaine ranked second in drug reports among drug items seized and analyzed in the first half of 2012 in the United States and in 9 of 25 CEWG reporting areas: Baltimore City, Boston, Colorado, Detroit, Maryland, Michigan, Philadelphia, Texas, and Washington, DC (table 1).

Cocaine reports as a percentage of total drug reports among drug items identified in the NFLIS system were particularly high in Miami (48.9 percent), followed by New York City (34.5 percent). The lowest reported proportions of cocaine drug reports among items seized and analyzed in forensic laboratories were in Phoenix and Honolulu, at 6.9 and 7.9 percent, respectively (figures 1 and 4; appendix table 2). Fifteen CEWG areas had values above and 10 had values below that for the United States' value of 17.3 percent.

Figure 4. Cocaine Drug Reports Identified in Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports¹, in 25 CEWG Areas and the United States: 1H 2012²



¹NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.

²Data are for the first half of 2012 (1H 2012), January–June; see appendix tables 2.1–2.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

SOURCE: NFLIS, DEA, data for all areas were retrieved on December 11–12, 2012

YRBS High School Survey Data on Lifetime and 30-Day Cocaine/Crack Use

Lifetime Cocaine Use:

- In 15 reporting areas, tables 2 and 3 show that from **2005 to 2011**, **self-reported lifetime cocaine use** among high school students surveyed decreased significantly in 1 area, Texas (from 11.9 to 9.4 percent), and increased significantly in 3—Detroit, San Francisco, and Washington, DC. Respective increases from 2005 to 2011 were from 1.7 to 4.1 percent for Detroit, 4.7 to 7.1 percent for San Francisco, and 2.1 to 4.6 percent for Washington, DC. Stability or no significant change was observed in Boston, Broward County, Chicago, Colorado, Hawaii, Los Angeles, Miami-Dade County, Maryland, New York City, Palm Beach County, and San Diego, as well as the United States (with lifetime use prevalence in 2005 of 7.6 percent and in 2011 of 6.8 percent).
- From **2009 to 2011**, among 16 reporting areas, lifetime cocaine use among high school students decreased in 1 area, Miami-Dade County, from 8.3 to 6.1 percent, with other areas showing no significant changes (tables 2 and 3).
- In **2011**, the percentage of high school students reporting lifetime cocaine use was significantly lower in 5 of 17 CEWG reporting areas than in the United States (6.8 percent). These areas were Boston (3.1 percent), Detroit (4.1 percent), New York City (4.1 percent), Philadelphia (3.2 percent), and Washington, DC (4.6 percent). In three areas, the percentage of lifetime cocaine use was

significantly higher than in the United States; those areas were Los Angeles (9.2 percent), Texas (9.4 percent), and New Mexico (11.4 percent) (data not shown).

Past-30-Day Cocaine Use:

- In nine areas reporting **past-30-day cocaine use** in both **2005 and 2011**, one area showed decreasing prevalence (New Mexico, from 7.9 percent in 2005 to 5.2 percent in 2011), and one area showed increasing prevalence (Detroit, from 1.1 percent in 2005 to 2.0 percent in 2011). There was no change in the remainder of reporting areas (Broward County, Chicago, Los Angeles, Maryland, Miami-Dade County, Palm Beach County, and San Diego) and the United States (with values of 3.4 percent in 2005 and 3.0 percent in 2011) (table 2A).
- Among 12 reporting areas from **2009 to 2011**, past-30-day cocaine use prevalence declined among Broward County high school students, from 4.3 to 2.7 percent, and prevalence increased in Texas, with proportions rising from 3.1 percent in 2009 to 4.1 percent in 2011. Stability or no significant change was shown for other CEWG areas and the United States in this recent period (tables 2A and 3A).
- In **2011**, the prevalence of cocaine use in the past 30 days was reported in 12 areas, with 3 areas (Boston at 1.7 percent, Philadelphia at 1.9 percent, and Detroit at 2.0 percent) showing significantly lower proportions than in the United States (3.0 percent), and 3 areas showing significantly higher percentages than in the United States, namely New Mexico at 5.2 percent, Palm Beach County at 4.3 percent, and Texas at 4.1 percent (data not shown).

Heroin

NFLIS Forensic Laboratory Data on Heroin

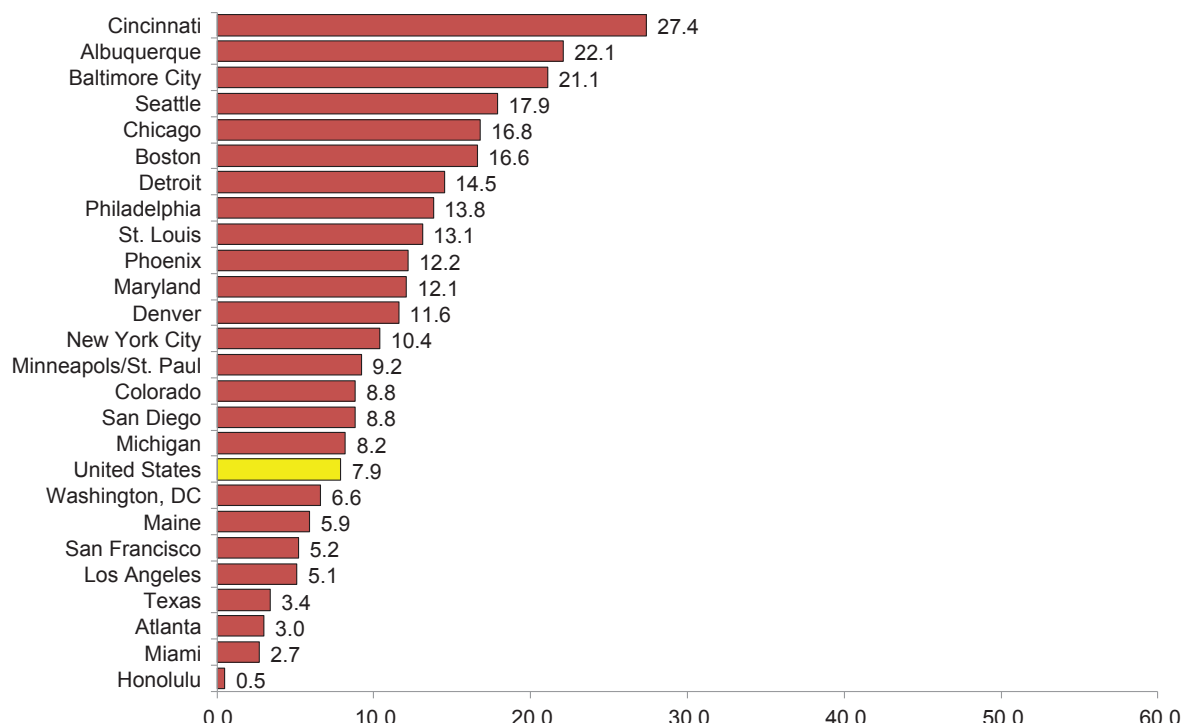
In 12 of the 25 CEWG areas shown on the map in figure 1, heroin items accounted for less than 10.0 percent of the drug reports from drug items seized and analyzed in forensic laboratories in the first half of 2012. As a proportion of total drug reports, heroin reports were highest in Cincinnati (at 27.4 percent), compared with other CEWG areas. Heroin drug reports were lowest in Honolulu (at 0.5 percent) (figure 5; appendix table 2). Eight areas had values below the United States average of 7.9 percent, and 17 areas had higher proportions of drug reports for heroin.

Heroin was ranked as the most frequently identified drug among drug reports in 2 of 25 CEWG areas reporting in the first half of 2012; these were both in the West—Albuquerque and Seattle (table 1). Heroin placed second in the rankings of drug reports in three CEWG reporting areas in the Midwest—Chicago, Cincinnati, and St. Louis. It ranked third in 8 of 25 areas, including 2 of 5 southern CEWG areas (Baltimore City and Maryland), 3 of 4 northeastern areas (Boston, New York City, and Philadelphia), and 2 of 6 areas in the Midwest (Detroit and Michigan). In the West, heroin ranked third in one of the nine reporting areas (Phoenix). It ranked fourth in the United States and in another seven CEWG areas (table 1).

YRBS High School Survey Data on Lifetime Heroin Use

- In 14 reporting areas, from **2005 to 2011**, **self-reported lifetime heroin use** among high school students surveyed increased significantly in 8 areas—Chicago, Colorado, Detroit, Los Angeles, Maryland, New York City, San Francisco, and Washington, DC—and in the United States (tables 2 and 3). Respective percentage increases from 2005 to 2011 were 2.0 to 3.9 percent for Chicago;

Figure 5. Heroin Drug Reports Identified in Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports¹, in 25 CEWG Areas and the United States: 1H 2012²



¹NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.

²Data are for the first half of 2012 (1H 2012), January–June; see appendix tables 2.1–2.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

SOURCE: NFLIS, DEA, data for all areas were retrieved on December 11–12, 2012

1.3 to 3.9 percent for Colorado; 0.8 to 2.4 percent for Detroit; 1.8 to 4.4 percent for Los Angeles; 2.6 to 4.2 percent for Maryland; 1.8 to 2.7 percent for New York City; 2.3 to 5.0 percent for San Francisco; and 1.9 to 3.9 percent for Washington, DC. Lifetime heroin use increased significantly from 2.4 to 2.9 percent in the United States from 2005 to 2011. Stability or no significant change was observed in Boston, Broward County, Miami-Dade County, Palm Beach County, San Diego, and Texas.

- From **2009 to 2011**, lifetime heroin use among high school students decreased significantly in 1 of 15 reporting areas, Broward County (from 4.5 percent in 2009 to 2.1 percent in 2011). Two areas showed increases of lifetime heroin use among students—San Francisco, where percentages rose from 3.1 to 5.0 percent from 2009 to 2011, and Texas, with increases from 2.1 to 3.3 percent in the period. Other areas showed no significant changes in lifetime heroin use, including Boston, Chicago, Colorado, Los Angeles, Maryland, Miami-Dade County, New Mexico, New York City, Palm Beach County, Philadelphia, and San Diego, along with the United States (at reported prevalence of 2.5 percent in 2009 and 2.9 percent in 2011) (tables 2 and 3).
- In the **2011 YRBS**, 3 of 16 CEWG reporting areas reported significantly higher lifetime heroin use than in the United States (2.9 percent); these were New Mexico (4.7 percent), Palm Beach County (4.4 percent), and San Francisco (5.0 percent) (data not shown).

Opiates/Opioids Other Than Heroin

NFLIS Forensic Laboratory Data on Opiates/Opioids Other Than Heroin

Of the opiate/opioid drug reports among drug items seized and analyzed by forensic laboratories across CEWG areas in the first half of 2012, oxycodone and hydrocodone were the two most frequently reported in most areas. However, neither drug accounted for more than 17.0 percent of total drug reports in any area, and in most areas (14 of 25 areas for oxycodone and 20 of 25 areas for hydrocodone) they accounted for less than 3.0 percent of total drug reports in the first half of 2012. Values for the United States were 3.5 percent of total reports for oxycodone and 2.6 percent for hydrocodone (figures 6 and 7; appendix table 2).

Oxycodone. Maine reported the highest percentage of oxycodone reports among drug items seized and analyzed in forensic laboratories in the first half of 2012 (at 17.0 percent), followed distantly by Boston (8.2 percent) (table 4; figure 6). Oxycodone ranked among the top 10 drug reports in drug items identified in NFLIS laboratories in 21 of 25 CEWG areas in the first half of 2012. It ranked second among drug reports in one area, Maine, and it ranked third in two areas, Atlanta and Miami. Oxycodone ranked fourth among identified drug reports in 6 of 25 CEWG areas, including Baltimore City, Boston, Cincinnati, Maryland, New York City, and Philadelphia, and it ranked fifth in Phoenix and Seattle and in the United States (table 1; appendix table 2). Oxycodone represented less than 1.0 percent of the total drug reports in 6 of 25 CEWG areas in the reporting period (table 4).

Hydrocodone. Hydrocodone ranked among the top 10 drug reports in 17 of 25 CEWG areas in the first half of 2012. It ranked fourth among NFLIS drug reports in Chicago, Detroit, Michigan, and Texas and fifth among drug reports in Atlanta, Cincinnati, Los Angeles, San Diego, and San Francisco. Hydrocodone ranked sixth in St. Louis and in the United States (table 1; appendix table 2). The highest percentage of hydrocodone drug reports was in Texas, at 4.4 percent, followed by Atlanta, at 4.3 percent; the lowest percentage was in Baltimore City, at 0.1 percent. Percentages of less than 1.0 percent characterized 11 of 25 areas reporting in the first half of 2012 (table 4; figure 7).

Buprenorphine. Buprenorphine was identified among NFLIS drug reports in all 25 reporting CEWG areas in the first half of 2012, with the exception of Honolulu. The drug was identified in at least 1.0 percent of drug items analyzed in only six CEWG areas; these were Baltimore City (1.1 percent), Boston (3.0 percent), Maine (4.1 percent), Maryland (1.4 percent), New York City (1.3 percent), and Phoenix (1.2 percent) (table 4). Based on ranking of drug reports in the NFLIS system, buprenorphine was among the top 10 drugs identified in 8 of 25 areas. It ranked 5th among identified drugs in Baltimore City, Boston, and Maine; 6th in Maryland; 7th in New York City; 8th in Phoenix; 9th in Albuquerque; and 10th in Detroit and the United States (table 1; appendix table 2).

Methadone. While methadone drug reports appeared in the NFLIS system in all 25 CEWG areas in the first half of 2012, it was reported at a percentage of 1.0 or higher in only 3 areas—Maine, New York City, and San Francisco—at 1.6, 1.2, and 1.3 percent, respectively (table 4). Methadone ranked among the top 10 drug reports for the first half of 2012 in 4 of 25 CEWG areas, placing 7th among identified drugs in drug reports in San Francisco, 8th in New York City, and 10th each in Baltimore City and Michigan during this reporting period (table 1; appendix table 2).

Fentanyl. Fentanyl was identified in drug reports in 16 of 25 areas in the first half of 2012; however, the only area with reports equal to or exceeding 1.0 percent was Seattle, at 2.8 percent ($n=36$) (table 4). Fentanyl ranked sixth among NFLIS drug items identified in Seattle in the reporting period (table 1; appendix table 2).

Table 4. Selected Narcotic Analgesic Reports¹ Identified by Forensic Laboratories in 25 CEWG Areas and the United States, by Number and Percentage of Total Reports Identified: 1H 2012²

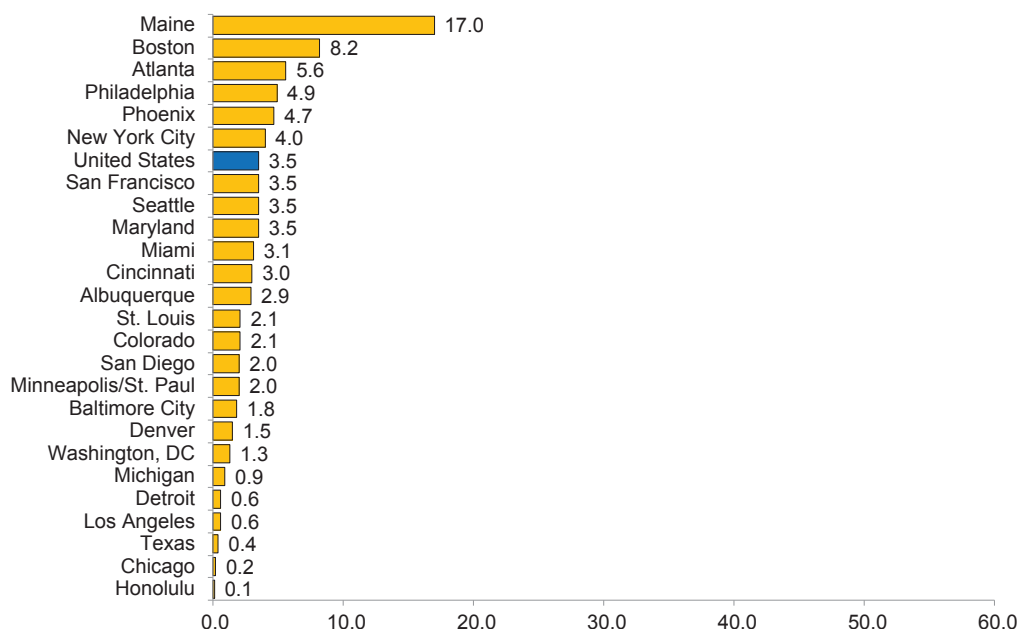
CEWG Area	Oxycodone		Hydrocodone		Methadone		Fentanyl		Buprenorphine		Total Reports
	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)	
Albuquerque	45	2.9	4	0.3	6	0.4	1	0.1	12	0.8	1,563
Atlanta	441	5.6	340	4.3	42	0.5	—	—	25	0.3	7,873
Baltimore City	310	1.8	25	0.1	49	0.3	—	—	191	1.1	17,033
Boston	845	8.2	50	0.5	39	0.4	16	0.2	310	3.0	10,285
Chicago	57	0.2	360	1.0	46	0.1	1	0.0	77	0.2	36,786
Cincinnati	170	3.0	69	1.2	21	0.4	—	—	24	0.4	5,642
Colorado	128	2.1	72	1.2	8	0.1	3	0.0	17	0.3	6,031
Denver	60	1.5	35	0.9	2	0.1	—	—	8	0.2	3,917
Detroit	26	0.6	133	3.2	2	0.0	—	—	16	0.4	4,150
Honolulu	3	0.1	9	0.4	2	0.1	—	—	—	—	2,083
Los Angeles	122	0.6	244	1.2	48	0.2	1	0.0	9	0.0	20,674
Maine	104	17.0	17	2.8	10	1.6	—	—	25	4.1	610
Maryland	1,451	3.5	195	0.5	179	0.4	8	0.0	586	1.4	41,230
Miami	389	3.1	67	0.5	17	0.1	—	—	14	0.1	12,590
Michigan	174	0.9	736	4.0	125	0.7	17	0.1	110	0.6	18,348
Minneapolis/ St. Paul	82	2.0	41	1.0	22	0.5	2	0.0	15	0.4	4,123
New York City	1,082	4.0	176	0.7	336	1.2	13	0.0	346	1.3	27,010
Philadelphia	657	4.9	79	0.6	34	0.3	4	0.0	68	0.5	13,301
Phoenix	267	4.7	114	2.0	21	0.4	2	0.0	71	1.2	5,698
St. Louis	191	2.1	244	2.7	24	0.3	1	0.0	54	0.6	9,103
San Diego	133	2.0	198	2.9	26	0.4	3	0.0	33	0.5	6,769
San Francisco	247	3.5	256	3.6	92	1.3	2	0.0	24	0.3	7,024
Seattle	45	3.5	12	0.9	12	0.9	36	2.8	7	0.6	1,269
Texas	149	0.4	1,871	4.4	123	0.3	12	0.0	36	0.1	42,116
Washington, DC	31	1.3	5	0.2	6	0.2	—	—	9	0.4	2,430
United States	26,035	3.5	19,539	2.6	3,534	0.5	335	0.0	5,301	0.7	744,869

¹NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.

²Data are for January–June 2012; see appendix tables 2.1–2.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

SOURCE: NFLIS, DEA, data for all areas and the United States were retrieved on December 11–12, 2012

Figure 6. Oxycodone Drug Reports Identified in Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports¹, in 25 CEWG Areas and the United States: 1H 2012²

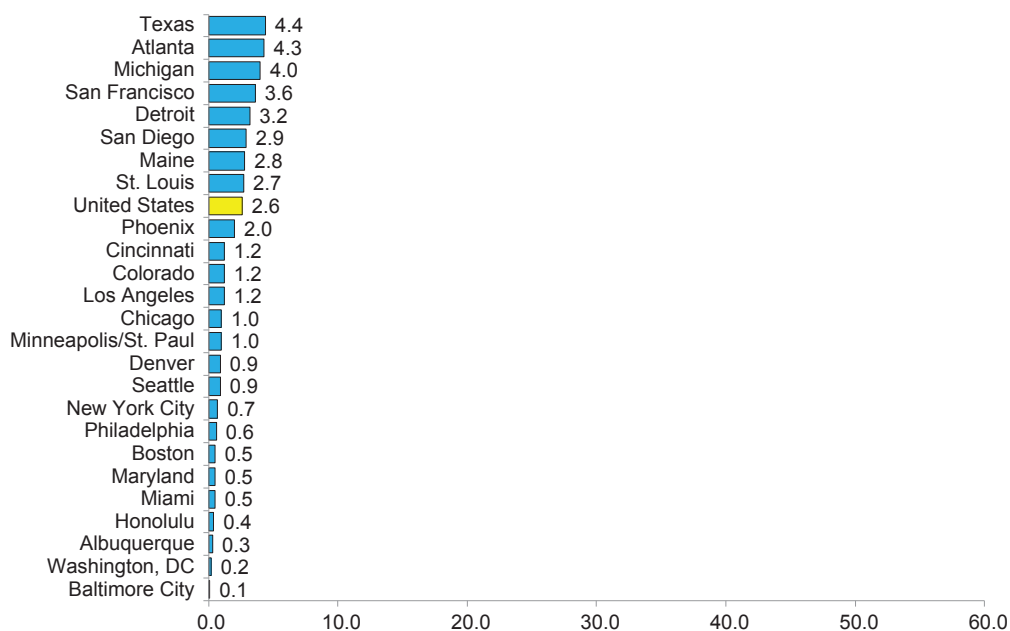


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²Data are for the first half of 2012 (1H 2012), January–June; see appendix tables 2.1–2.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

SOURCE: NFLIS, DEA, data for all areas were retrieved on December 11–12, 2012

Figure 7. Hydrocodone Drug Reports Identified in Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports¹, in 25 CEWG Areas and the United States: 1H 2012²



¹NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.

²Data are for the first half of 2012 (1H 2012), January–June; see appendix tables 2.1–2.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

SOURCE: NFLIS, DEA, data for all areas were retrieved on December 11–12, 2012

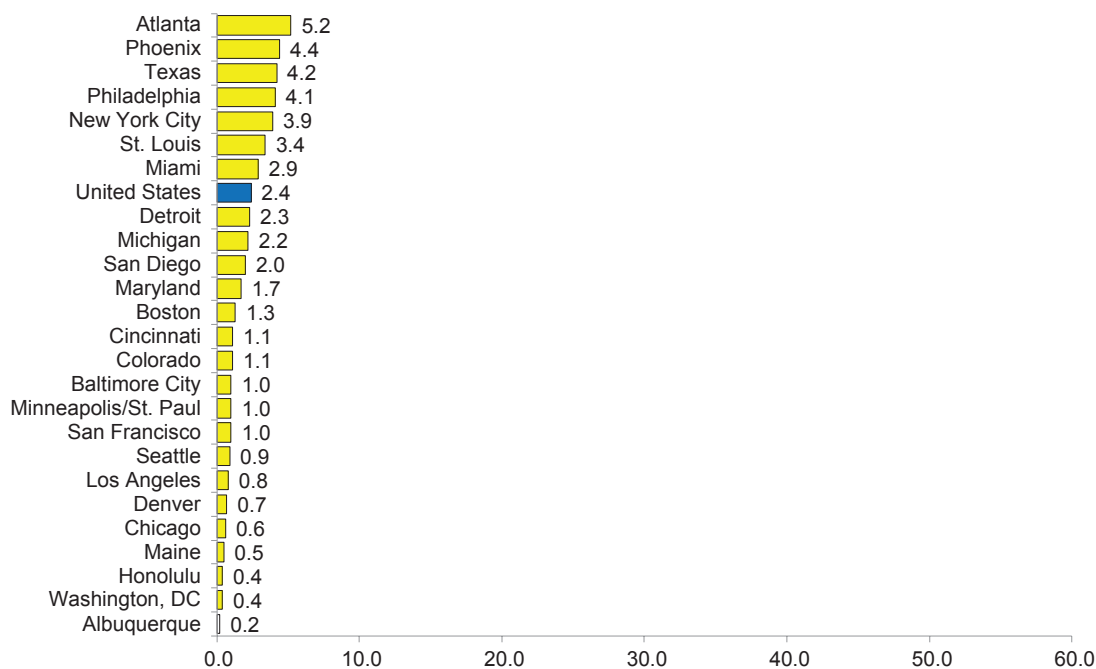
Benzodiazepines

NFLIS Forensic Laboratory Data on Benzodiazepines

Three benzodiazepine-type items—alprazolam, clonazepam, and diazepam—were the most frequently reported benzodiazepines identified in drug reports among items seized and analyzed by forensic laboratories in 25 CEWG areas in the first half of 2012 reporting period. Table 5 shows the numbers and percentages of drug reports containing alprazolam, clonazepam, and diazepam in each of the CEWG reporting areas.

Alprazolam. In the 25 CEWG areas for which NFLIS data were reported for the first half of 2012, the highest percentages of alprazolam drug reports among items seized and analyzed were in Atlanta (5.2 percent), followed by Phoenix (4.4 percent), Texas (4.2 percent), and Philadelphia (4.1 percent). Alprazolam drug reports represented 1.0–4.0 percent of total drug reports in 13 areas—Baltimore City, Boston, Cincinnati, Colorado, Detroit, Maryland, Miami, Michigan, Minneapolis/St. Paul, New York City, St. Louis, San Diego, and San Francisco—and less than 1.0 percent in the remaining 8 reporting CEWG areas (table 5; figure 8). The value for the United States was 2.4 percent. Alprazolam ranked among the top 10 drug reports in 19 reporting areas. It ranked fourth in frequency among the top 10 drug reports among items analyzed by NFLIS laboratories in Atlanta and Miami and fifth in Detroit, Maryland, New York City, Philadelphia, St. Louis, and Texas. Alprazolam ranked seventh in the United States in the reporting period (table 1; appendix table 2).

Figure 8. Alprazolam Drug Reports Identified in Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports¹, in 25 CEWG Areas and the United States: 1H 2012²



¹NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.

²Data are for the first half of 2012 (1H 2012), January–June; see appendix tables 2.1–2.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

SOURCE: NFLIS, DEA, data for all areas were retrieved on December 11–12, 2012

Table 5. Number of Selected Benzodiazepine Reports Identified by Forensic Laboratories in 25 CEWG Areas and the United States, by Number and Percentage of Total Reports¹ Identified: 1H 2012²

CEWG Area	Alprazolam		Clonazepam		Diazepam		Total Reports
	#	(%)	#	(%)	#	(%)	
Albuquerque	3	0.2	3	0.2	3	0.2	1,563
Atlanta	407	5.2	64	0.8	32	0.4	7,873
Baltimore City	168	1.0	75	0.4	24	0.1	17,033
Boston	132	1.3	208	2.0	24	0.2	10,285
Chicago	238	0.6	58	0.2	27	0.1	36,786
Cincinnati	63	1.1	30	0.5	26	0.5	5,642
Colorado	65	1.1	24	0.4	23	0.4	6,031
Denver	27	0.7	11	0.3	13	0.3	3,917
Detroit	95	2.3	3	0.1	9	0.2	4,150
Honolulu	8	0.4	—	—	3	0.1	2,083
Los Angeles	175	0.8	37	0.2	29	0.1	20,674
Maine	3	0.5	9	1.5	2	0.3	610
Maryland	687	1.7	227	0.6	101	0.2	41,230
Miami	368	2.9	38	0.3	27	0.2	12,590
Michigan	412	2.2	84	0.5	55	0.3	18,348
Minneapolis/St. Paul ³	42	1.0	18	0.4	13	0.3	4,123
New York City	1,050	3.9	281	1.0	57	0.2	27,010
Philadelphia	546	4.1	90	0.7	35	0.3	13,301
Phoenix	251	4.4	64	1.1	42	0.7	5,698
St. Louis	309	3.4	52	0.6	49	0.5	9,103
San Diego	136	2.0	50	0.7	41	0.6	6,769
San Francisco	67	1.0	47	0.7	40	0.6	7,024
Seattle	11	0.9	9	0.7	2	0.2	1,269
Texas	1,789	4.2	279	0.7	194	0.5	42,116
Washington, DC	10	0.4	3	0.1	1	0.0	2,430
United States ³	18,246	2.4	5,222	0.7	2,993	0.4	744,869

¹NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.

²Data are for January–June 2012; see appendix tables 2.1–2.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

³“Benzodiazepine” accounted for 107 reports in the United States, and 2 reports in the Minneapolis/St. Paul area.

SOURCE: NFLIS, DEA, data for all areas and the United States were retrieved on December 11–12, 2012

Clonazepam. Clonazepam was identified in drug reports in all 25 CEWG areas, with the exception of Honolulu. As shown in table 1, which shows the rankings of the most frequently reported drugs in NFLIS data for the first half of 2012, clonazepam ranked among the top 10 drug reports in 7 reporting areas. It ranked seventh in frequency among the top 10 drug reports in Boston and eighth in Baltimore City and Maryland. Reports of clonazepam accounted for 2.0 percent of all drug reports among drug items analyzed by NFLIS laboratories in Boston. Its presence was minimal (less than 1.0 percent of the total) in most of the other CEWG areas, with the exception of Maine, New York City, and Phoenix, where percentages fell between 1.0 and 1.5 percent (table 5).

Diazepam. While reported in all 25 CEWG areas, diazepam accounted for less than 1.0 percent of all drug reports in all CEWG areas and in the United States (table 5). Diazepam ranked 10th in Cincinnati among drug reports in items identified in NFLIS forensic laboratories in the first half of 2012 (table 1).

YRBS High School Survey Data on Lifetime Prescription Drug Use Without a Doctor's Prescription

- While no 2005 or 2009 data were reported for any of the 19 CEWG reporting areas, in **2011**, the proportion of high school students reporting lifetime prescription drug use without a doctor's prescription was available for 15 areas; the prevalence ranged from a low of 7.3 percent in Washington, DC, to a high of 22.1 percent in Texas. The national average for 2011 was 20.7 percent (table 2).

Methamphetamine

NFLIS Forensic Laboratory Data on Methamphetamine

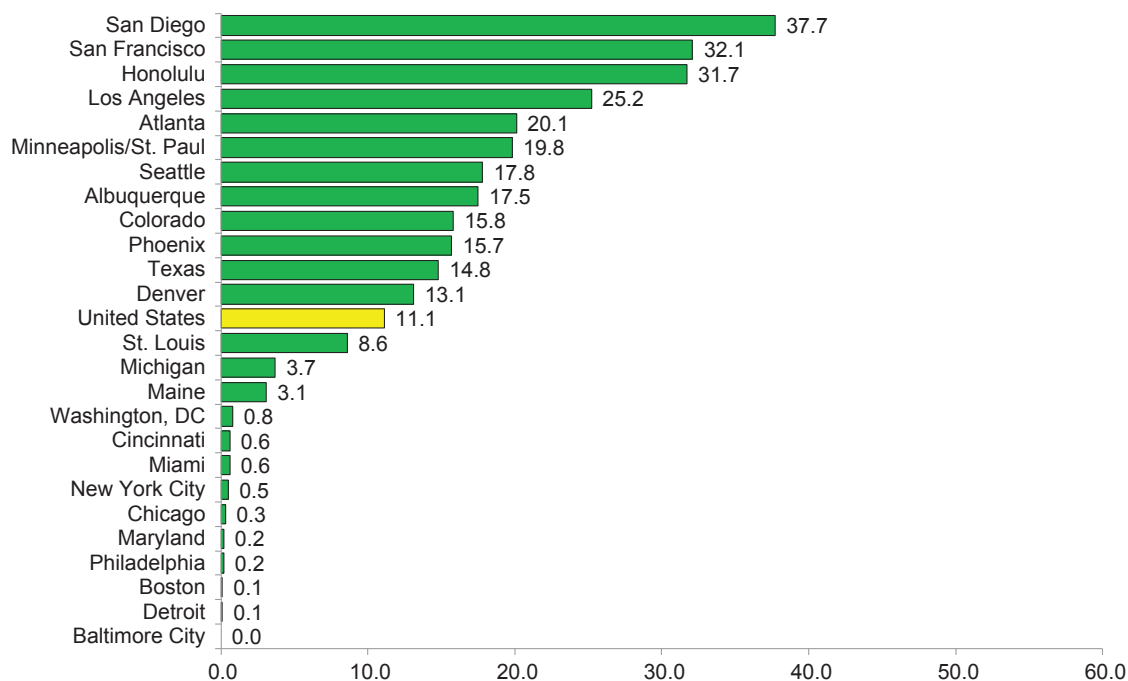
In the first half of 2012, forensic laboratory data for CEWG reporting areas show that methamphetamine was the drug reported most frequently among total drug reports in San Diego (37.7 percent of total drug reports), followed by San Francisco (32.1 percent) and Honolulu (31.7 percent) (figure 9). In 10 of the CEWG reporting areas, methamphetamine accounted for less than 1.0 percent of the total reports of drug items seized and analyzed; all were located east of the Mississippi River. These areas included Baltimore City, Boston, Chicago, Cincinnati, Detroit, Maryland, Miami, New York City, Philadelphia, and Washington, DC. The United States value was 11.1 percent (figures 1 and 9; appendix table 2).

Methamphetamine ranked first among drug reports in items identified in San Diego and San Francisco; second in Atlanta, Honolulu, Los Angeles, Minneapolis/St. Paul, Phoenix, and Seattle; and third in Albuquerque, Colorado, Denver, Texas, and the United States in this reporting period (table 1; appendix table 2).

YRBS High School Survey Data on Lifetime Methamphetamine Use

- Among 15 CEWG areas reporting **lifetime methamphetamine use** in both **2005 and 2011**, 3 areas showed decreasing prevalence (Los Angeles, San Diego, and Texas). In Los Angeles, methamphetamine use declined from 10.2 percent in 2005 to 6.9 percent in 2011; in San Diego, it fell from 7.9 percent in 2005 to 4.9 percent in 2011; and in Texas, methamphetamine use prevalence dropped from 7.3 to 5.0 percent during the period. This mirrored changes in the United States where lifetime methamphetamine prevalence among high school students decreased significantly

Figure 9. Methamphetamine Drug Reports Identified in Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports¹, in 25 CEWG Areas and the United States: 1H 2012²



¹NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.

²Data are for the first half of 2012 (1H 2012), January–June; see appendix tables 2.1–2.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

SOURCE: NFLIS, DEA, data for all areas were retrieved on December 11–12, 2012

from 6.2 to 3.8 percent from 2005 to 2011. In four areas, lifetime methamphetamine use increased from 2005 to 2011. These were Chicago (at 1.5 percent in 2005 and 3.4 percent in 2011); Detroit (rising from 1.0 to 3.3 percent from 2005 to 2011); Miami-Dade County (from 2.4 percent in 2005 to 4.0 percent in 2011); and San Francisco (where percentages were 3.7 in 2005 and 5.3 in 2011). No significant change in methamphetamine use prevalence was observed in the remaining reporting areas (Boston, Broward County, Colorado, Hawaii, Maryland, New York City, Palm Beach County, and Washington, DC) (table 2).

- From **2009 to 2011**, among 16 reporting areas, lifetime methamphetamine use increased in Texas, with proportions rising from 3.7 percent in 2009 to 5.0 percent in 2011. Stability or no significant change was shown for the other CEWG areas and the United States in this recent period (tables 2 and 3).
- In **2011**, the prevalence of lifetime methamphetamine use was reported in 18 areas, with 1 area (New York City, at 2.8 percent), showing significantly lower prevalence of students reporting lifetime methamphetamine use than the United States (3.8 percent). Four areas showed significantly higher percentages than the United States. These were Los Angeles, at 6.9 percent; New Mexico, at 5.5 percent; San Francisco, at 5.3 percent; and Texas, at 5.0 percent (data not shown).

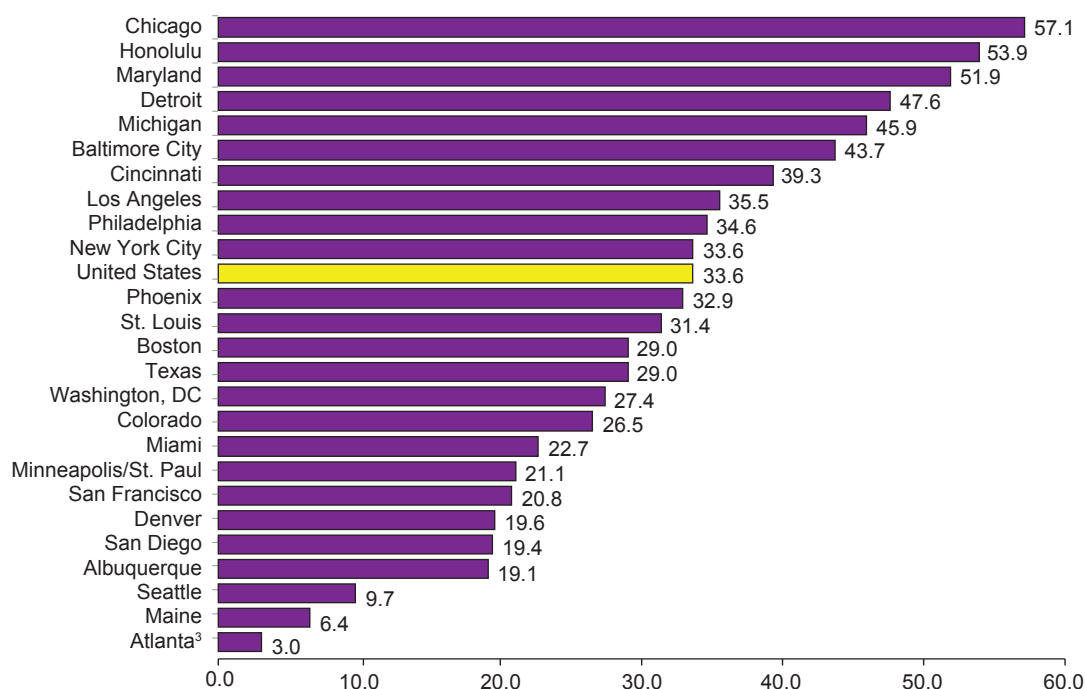
Marijuana/Cannabis

NFLIS Forensic Laboratory Data on Marijuana/Cannabis

Chicago had the highest percentage of marijuana/cannabis drug reports among drug items identified by NFLIS laboratories in the first half of 2012 (57.1 percent), followed by Honolulu and Maryland (53.9 and 51.9 percent, respectively) (figures 1 and 10; appendix table 2). The remaining 22 CEWG areas had percentages ranging from 3.0 percent in Atlanta³ to 47.6 percent in Detroit for marijuana/cannabis drug reports identified; the value for the United States was 33.6 percent (figure 10).

Marijuana/cannabis ranked in either first or second place among drug reports most frequently identified in all but three CEWG areas; the exceptions were Atlanta, Maine, and Seattle, where it ranked sixth, third, and fourth, respectively. In the first half of 2012, marijuana/cannabis ranked in first place among reported drugs in 16 of 25 CEWG areas, including 5 of 10 areas in the West (Colorado, Honolulu, Los Angeles, Phoenix, and Texas), all 6 areas in the midwestern region (Chicago,

Figure 10. Marijuana/Cannabis Drug Reports Identified in Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports¹, in 25 CEWG Areas and the United States: 1H 2012²



¹NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.

²Data are for the first half of 2012 (1H 2012), January–June; see appendix tables 2.1–2.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

³In 2004, Georgia initiated a statewide administrative policy that when cannabis is seized by law enforcement officers, laboratory testing is not required. This results in artificially low numbers of such drug reports identified in this CEWG area compared with other CEWG areas.

SOURCE: NFLIS, DEA, data for all areas were retrieved on December 11–12, 2012

³According to the Atlanta CEWG area representative, Georgia initiated a statewide administrative policy in 2004 that laboratory testing is not required when cannabis is seized by law enforcement officers. This may explain the lower numbers for such drug items identified in this CEWG area relative to other CEWG areas.

Cincinnati, Detroit, Michigan, Minneapolis/St. Paul, and St. Louis), 2 of 4 areas in the northeastern region (Boston and Philadelphia), 3 of 5 areas in the southern region (Baltimore City, Maryland, and Washington, DC), and in the United States. It was the second most frequently identified drug among total drug reports in the first half of 2012 NFLIS data in another six CEWG areas—Albuquerque, Denver, Miami, New York City, San Diego, and San Francisco (table 1; appendix table 2).

YRBS High School Survey Data on Lifetime and Past-30-Day Marijuana Use

Lifetime Marijuana Use:

- Of 13 reporting areas, table 2 shows that from **2005 to 2011, lifetime marijuana use** among high school students surveyed did not decrease in any of the areas, but increased significantly in 4 areas. These were Detroit (from 40.6 to 47.9 percent), Miami-Dade County (from 28.3 to 32.2 percent), Palm Beach County (from 32.6 to 43.5 percent), and Washington, DC (from 27.2 to 43.0 percent). No significant change in lifetime marijuana use prevalence was reported for the United States (at 38.4 percent in 2005 and 39.9 percent in 2011) or for the remaining nine reporting areas (Boston, Broward County, Chicago, Colorado, Los Angeles, Maryland, San Diego, San Francisco, and Texas).
- From **2009 to 2011**, in 14 reporting areas, lifetime marijuana use among high school students increased in 1 area, Detroit, from 36.4 percent in 2009 to 47.9 percent in 2011. A similar increase was shown for the United States, where marijuana use among high school students rose significantly from 36.8 percent in 2009 to 39.9 percent in 2011. None of the other reporting areas showed significant changes (tables 2 and 3).
- In the **2011 YRBS**, the percentage of high school students reporting lifetime marijuana use was significantly lower in 3 of 15 CEWG reporting areas than in the United States (39.9 percent). These areas were Maine (35.8 percent), Miami-Dade County (32.2 percent), and San Francisco (30.1 percent). In one area, the percentage of lifetime marijuana use was significantly higher than in the United States; this was Detroit, at 47.9 percent in 2011 (data not shown).

Past-30-Day Marijuana Use:

- In 8 of 17 areas reporting **past-30-day marijuana use** in both **2005 and 2011**, current marijuana use prevalence increased significantly among high school students. In addition to two areas in the West—Hawaii and San Diego—where current marijuana use rose from 17.2 to 21.9 percent in Hawaii, and from 18.6 to 24.0 percent in San Diego, two areas in the Northeast showed increased prevalence—Boston and New York City. Respective percentages of past-30-day marijuana use for 2009 and 2011 increased from 21.2 to 27.0 percent in Boston and from 12.3 to 17.7 percent in New York City. Increases were also reported for four areas in the southern region—Broward, Miami-Dade, and Palm Beach Counties in South Florida, and Washington, DC. These increases from 2005 to 2011 were as follows: Broward County, from 17.3 to 22.1 percent; Miami-Dade County, from 12.8 to 18.3 percent; Palm Beach County, from 18.7 to 26.6 percent; and Washington, DC, from 14.5 to 26.1 percent. past-30-day marijuana use also increased significantly from 2005 to 2011 in the United States, from 20.2 to 23.1 percent. None of the CEWG reporting areas observed declines in past-30-day marijuana use in this reporting period. Stable proportions were observed for Colorado, Los Angeles, New Mexico, San Francisco, and Texas in the West; Chicago and Detroit in the Midwest; Maine in the Northeast; and Maryland in the southern region (table 2A).
- From **2009 to 2011, past-30-day marijuana use** increased significantly among United States high school students, from 20.8 to 23.1 percent. Increases were also observed in 3 of 18 reporting

areas, including San Diego (from 18.9 in 2009 to 24.0 percent in 2011), Boston (from 21.7 to 27.0 percent), and New York City (from 15.0 to 17.7 percent). Stability or no significant change was shown for 15 other areas, including 7 areas in the western region, all areas in the midwestern and southern regions, and 2 of the 4 reporting areas in the northeastern region (tables 2A and 3A).

- In **2011**, the prevalence of self-reported marijuana use in the past 30 days among high school students was reported in 19 areas, with 4 areas showing significantly lower proportions than the United States' value of 23.1 percent (Detroit, at 16.3 percent; Miami-Dade County, at 18.3 percent; New York City, at 17.7 percent; and San Francisco, at 17.9 percent). Two areas showed significantly higher percentages than the United States (New Mexico, at 27.6 percent, and Palm Beach County, at 26.6 percent) (data not shown).

MDMA/Ecstasy

NFLIS Forensic Laboratory Data on MDMA

MDMA, or ecstasy, ranked among the top 10 drug reports (primary, secondary, and tertiary reports) from items seized and identified in NFLIS laboratories in 5 of 25 CEWG areas. It ranked 4th in Honolulu, 6th in Chicago, 8th in Los Angeles, 9th in San Francisco, and 10th in San Diego (table 1; appendix table 2).

The proportions of MDMA among analyzed NFLIS drug reports from items seized and identified in forensic laboratories were less than 1.0 percent in the United States and in all but 3 of 22 CEWG areas—Honolulu, San Diego, and San Francisco—where percentages were 1.2, 1.2, and 1.0, respectively (table 6).

YRBS High School Survey Data on Lifetime Ecstasy (MDMA) Use

- Of 12 reporting areas, from **2005 to 2011**, **lifetime ecstasy (MDMA) use** among high school students surveyed increased significantly in the United States (from 6.3 to 8.2 percent) and in 10 CEWG areas. These areas included all reporting areas in the western, midwestern, and northeastern regions, and 3 of 5 areas in the southern region. Significant increases were observed from 2005 to 2011 in MDMA use in Colorado (from 6.9 to 11.7 percent), Hawaii (from 6.1 to 9.0 percent), Los Angeles (from 3.5 to 16.4 percent), San Diego (from 7.4 to 16.1 percent), and Texas (from 8.2 to 11.9 percent) in the western region. Chicago in the Midwest and New York City in the Northeast experienced significant increased MDMA use from 2005 to 2011, at 3.3 percent in 2005 to 6.9 percent in 2011 for Chicago, and 3.7 to 4.7 percent in the period for New York City. Increases were also observed in the southern region for Broward, Miami-Dade and Palm Beach Counties in South Florida. Percentage-point increases from 2005 to 2011 for these areas were 6.1 to 9.2, 5.4 to 9.9, and 5.9 to 10.7, respectively. Two areas showed no significant change in ecstasy use; these were Maryland and Washington, DC. Seven areas were missing data for both years (Boston [see footnote 2, table 2], Detroit, Maine, New Mexico, Philadelphia, San Francisco, and Seattle) (table 2).
- From **2009 to 2011**, in 15 reporting areas, lifetime ecstasy (MDMA) use among high school students increased in 5 areas; these were Los Angeles (from 11.0 to 16.4 percent), Palm Beach County (from 7.9 to 10.7 percent), San Diego (from 10.2 to 16.1 percent), San Francisco (from 8.6 to 12.1 percent), and Texas (from 9.0 to 11.9 percent). MDMA use also increased significantly in the United States, from 6.7 to 8.2 percent. None of the other reporting areas showed significant changes in lifetime MDMA use; these included Boston, Broward County, Chicago, Colorado, Hawaii, Maryland, Miami-Dade County, New Mexico, New York City, and Philadelphia (tables 2 and 3).

Table 6. Number of MDMA Reports Identified and MDMA Reports as a Percentage of Total Reports¹ Identified by Forensic Laboratories in 25 CEWG Areas and the United States: 1H 2012²

CEWG Area	MDMA Items	Total Reports Identified	Percentage of Total Reports Identified
Albuquerque	4	1,563	0.3
Atlanta	15	7,873	0.2
Baltimore City	3	17,033	0.0
Boston	18	10,285	0.2
Chicago	241	36,786	0.7
Cincinnati	7	5,642	0.1
Colorado	50	6,031	0.8
Denver	16	3,917	0.4
Detroit	12	4,150	0.3
Honolulu	26	2,083	1.2
Los Angeles	138	20,674	0.7
Maine	5	610	0.8
Maryland	34	41,230	0.1
Miami	76	12,590	0.6
Michigan	38	18,348	0.2
Minneapolis/St. Paul	31	4,123	0.8
New York City	171	27,010	0.6
Philadelphia	4	13,301	0.0
Phoenix	18	5,698	0.3
St. Louis	13	9,103	0.1
San Diego	80	6,769	1.2
San Francisco	69	7,024	1.0
Seattle	11	1,269	0.9
Texas	227	42,116	0.5
Washington, DC	6	2,430	0.2
United States	2,694	744,869	0.4

¹NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.

²Data are for January–June 2012; see appendix tables 2.1–2.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

SOURCE: NFLIS, DEA, data for all areas and the United States were retrieved on December 11–12, 2012

- In the **2011** YRBS, in 7 of 16 CEWG reporting areas, the percentage of high school students reporting lifetime ecstasy (MDMA) use was significantly higher than in the United States (8.2 percent). These areas were Colorado (11.7 percent), Los Angeles (16.4 percent), New Mexico (12.2 percent), Palm Beach County (10.7 percent), San Diego (16.1 percent), San Francisco (12.1 percent), and Texas (11.9 percent). In four areas, students' MDMA use prevalence was significantly lower than the national average; these were Boston (3.3 percent), New York City (4.7 percent), Philadelphia (4.0 percent), and Washington, DC (4.8 percent) (data not shown).

Other Drugs

NFLIS Forensic Laboratory Data on Other Drugs

Other drugs reported on in this section for which NFLIS data are available include MDA (3,4-methylenedioxymphetamine), GHB (gamma hydroxybutyrate), LSD (lysergic acid diethylamide), ketamine, PCP (phencyclidine), BZP (1-benzylpiperazine), carisoprodol, psilocin, TFMPP (1-(3-trifluoromethylphenyl)piperazine), Foxy methoxy (5-MeO-DIPT), levamisole (phenylimidothiazole isomer undetermined), and dimethyl sulfone (table 7).

MDA. MDA was reported among drug reports in drug items identified in NFLIS data in 10 of 25 reporting areas in the first half of 2012. MDA, however, represented very low numbers, and proportions were lower than 1.0 percent in all reporting areas: Atlanta, Baltimore City, Chicago, Los Angeles, Maryland, New York City, San Diego, San Francisco, Texas, and Washington, DC; 121 MDA drug reports were identified in the United States in the reporting period (data not shown).

GHB. GHB was identified among drug reports from forensic laboratories in 13 CEWG areas of the 25 reporting NFLIS data in the first half of 2012, including Chicago, Denver, Colorado, Los Angeles, Miami, Michigan, Minneapolis/St. Paul, New York City, San Diego, San Francisco, Seattle, Texas, and Washington, DC. Numbers were very low, and in no case did the percentage reach higher than 0.1 percent of total reports; 219 such drug reports were identified in the United States (data not shown).

PCP. PCP was identified among total drug reports in 17 of 25 CEWG areas reporting on items seized and analyzed in NFLIS laboratories in the first half of 2012. The eight exceptions were Atlanta, Cincinnati, Colorado, Denver, Detroit, Honolulu, Maine, and Michigan. PCP reports were highest in Washington, DC, at 6.2 percent of total drug reports, followed by Philadelphia (2.1 percent), New York City (1.7 percent), and Seattle (1.3 percent) (table 7).

PCP ranked among the top 10 most frequent NFLIS drug reports from items seized and analyzed in NFLIS laboratories in 7 of 25 CEWG areas in this reporting period. PCP ranked sixth as the most frequently reported drug in forensic laboratories in the first half of 2012 in Los Angeles, New York City, and Washington, DC. PCP ranked seventh in Philadelphia, eighth in Chicago, and ninth each in Maryland and Seattle (table 1; appendix table 2). The Miami NFLIS laboratories reported a general category of hallucinogens, which accounted for 2.1 percent of drug reports among items seized and analyzed in the first half of 2012. Hallucinogens, mostly PCP, ranked sixth among the most frequently identified drug reports in Miami in this period (table 1; appendix table 2).

LSD. LSD was not among the top 10 drugs reported in the NFLIS system for any CEWG reporting area, but it was reported in all but 3 of the 25 CEWG areas. These areas were Albuquerque, Honolulu, and Phoenix. The proportion did not reach 1.0 percent of drug reports in any area (table 7).

Psilocin/Psilocybin. Psilocin/psilocybin, a hallucinogen, was reported among drugs identified in forensic laboratories in 24 of 25 CEWG areas in the first half of 2012; the exception was Philadelphia. Three areas showed percentages of 1.0 or more, including Colorado (1.4 percent), Denver (1.0 percent), and Maine (1.1 percent) (table 7). This drug ranked among the top 10 drugs in drug reports in the NFLIS system in the first half of 2012 in two CEWG areas, ranking seventh in Colorado and eighth in Denver (table 1).

Ketamine. Ketamine was identified among drug reports in the NFLIS system in the first half of 2012 in 21 of 25 areas, in all but Cincinnati, Honolulu, Maine, and Minneapolis/St. Paul (table 7). Ketamine represented less than 1.0 percent of total drug reports in all reporting areas. Ketamine appeared among the top 10 reported drugs from analyzed drug items in 1 CEWG area in this reporting period; it ranked 10th in New York City, at 0.7 percent of total drug reports (table 1; appendix table 2).

BZP. In the first half of 2012, BZP was identified among the drug reports in NFLIS forensic laboratories in all 25 CEWG areas. In Washington, DC, BZP was identified in 2.1 percent of drug reports among drug items seized and analyzed, and BZP was identified in 2.0 percent of drug reports in Minneapolis/St. Paul. Three more areas reported percentages at 1.0 percent and above: Chicago (1.0 percent), Maine (1.3 percent), and Seattle (1.0 percent). Proportions of drug reports for BZP were less than 1.0 percent in all other areas in this reporting period (table 7; appendix table 2). In the first half of 2012, BZP ranked among the top 10 drug reports from items seized and identified in NFLIS forensic laboratories in 5 of 25 areas. It ranked 5th in Chicago, 7th in Cincinnati, 8th in Detroit, and 10th in Seattle and Washington, DC (table 1; appendix table 2).

Carisoprodol. Carisoprodol⁴ is a muscle relaxant and central nervous system depressant that is available by prescription as Soma®. As of January 2012, carisoprodol is a Schedule IV drug. Carisoprodol was identified among NFLIS drug reports in 18 of 25 reporting areas in the first half of 2012. It was not identified in seven areas (Albuquerque, Denver, Detroit, Maine, Philadelphia, Seattle, and Washington, DC) (table 7). In the first half of 2012, carisoprodol ranked among the top 10 NFLIS drug reports from items seized and identified in forensic laboratories in 3 CEWG areas; it ranked 8th in Texas and 10th in Los Angeles and Phoenix. In both Phoenix and Texas, 1.1 percent of all drug reports identified in the reporting period were carisoprodol (table 1; appendix table 2).

TFMPP. TFMPP⁵ is a synthetic substance with no accepted medical use in the United States; it is used for its hallucinogenic effects. TFMPP was identified among drug reports for drug items analyzed in NFLIS laboratories in all but 3 of the 25 reporting areas in the first half of 2012—Albuquerque, Boston, and Cincinnati (table 7). Percentages of drug reports equaled or exceeded 1.0 percent for TFMPP in 3 of the 22 reporting areas, including Atlanta (2.3 percent of total drug reports), Minneapolis/St. Paul (1.1 percent), and Washington, DC (1.5 percent). In forensic laboratory data for this period, TFMPP ranked among the top 10 drug reports in 2 areas, Detroit, where it ranked seventh, and Atlanta, where it ranked ninth (table 1; appendix table 2). It should be noted that since TFMPP is not a controlled substance, it may not be reported to NFLIS by forensic laboratories in all areas.

Foxy Methoxy. Foxy methoxy was identified among drug reports from items seized and analyzed in NFLIS forensic laboratories in 20 of 25 CEWG areas in the first half of 2012; not included were Albuquerque, Honolulu, Maine, Phoenix, and Seattle (table 7). It ranked among the top 10 drug reports in the first half of 2012 in 1 CEWG reporting area, ranking 10th in Chicago (table 1; appendix table 2). Drug reports for this drug exceeded 1.0 percent of total reports in one area, Washington, DC (with 1.3 percent) (table 7).

⁴More information on carisoprodol may be found at: http://www.deadiversion.usdoj.gov/drugs_concern/carisoprodol/index.html and <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682578.html>.

⁵More information on TFMPP can be found at: http://www.deadiversion.usdoj.gov/drugs_concern/tfmpp.pdf.

Table 7. Number and Percentage of TFMPP, BZP, PCP, Carisoprodol, Ketamine, Psilocin, and LSD Reports, and Reports for Other Selected Drugs and Substances¹, as a Proportion of Total Drug Reports Among Drug Items Identified by Forensic Laboratories, in 25 CEWG Areas and the United States: 1H 2012²

CEWG Area	TFMPP ³	BZP	PCP	Carisoprodol	Ketamine	Psilocin ⁴	LSD	Levamisole (Phenylimidothiazole Isomer Undetermined) ³	5-MeO-DIPT ⁵	Dimethyl Sulfone ³	Total
Albuquerque	—	1 (0.1)	1 (0.1)	—	5 (0.3)	4 (0.3)	—	26 (1.7)	—	21 (1.3)	1,563
Atlanta	185 (2.3)	7 (0.1)	—	56 (0.7)	5 (0.1)	15 (0.2)	12 (0.2)	55 (0.7)	21 (0.3)	41 (0.5)	7,873
Baltimore City	3 (0.0)	22 (0.1)	3 (0.0)	1 (0.0)	1 (0.0)	5 (0.0)	2 (0.0)	—	28 (0.2)	—	17,033
Boston	—	14 (0.1)	37 (0.4)	6 (0.1)	6 (0.1)	56 (0.5)	4 (0.0)	56 (0.5)	4 (0.0)	5 (0.0)	10,285
Chicago	11 (0.0)	350 (1.0)	197 (0.5)	3 (0.0)	26 (0.1)	70 (0.2)	23 (0.1)	176 (0.5)	171 (0.5)	5 (0.0)	36,786
Cincinnati	—	39 (0.7)	—	3 (0.1)	—	10 (0.2)	8 (0.1)	—	4 (0.1)	5 (0.1)	5,642
Colorado	2 (0.0)	36 (0.6)	—	1 (0.0)	8 (0.1)	85 (1.4)	9 (0.1)	15 (0.2)	44 (0.7)	46 (0.8)	6,031
Denver	2 (0.1)	31 (0.8)	—	—	5 (0.1)	39 (1.0)	3 (0.1)	8 (0.2)	35 (0.9)	19 (0.5)	3,917
Detroit	22 (0.5)	18 (0.4)	—	—	1 (0.0)	8 (0.2)	1 (0.0)	18 (0.4)	3 (0.1)	1 (0.0)	4,150
Honolulu	3 (0.1)	3 (0.1)	—	1 (0.0)	—	1 (0.0)	—	5 (0.2)	—	21 (1.0)	2,083
Los Angeles	27 (0.1)	17 (0.1)	183 (0.9)	84 (0.4)	21 (0.1)	68 (0.3)	14 (0.1)	45 (0.2)	2 (0.0)	48 (0.2)	20,674
Maine	1 (0.2)	8 (1.3)	—	—	—	7 (1.1)	3 (0.5)	19 (3.1)	—	—	610
Maryland	12 (0.0)	62 (0.2)	197 (0.5)	49 (0.1)	10 (0.0)	52 (0.1)	13 (0.0)	138 (0.3)	72 (0.2)	1 (0.0)	41,230
Miami	32 (0.3)	50 (0.4)	262 (2.1) ⁶	26 (0.2)	5 (0.0)	11 (0.1)	5 (0.0)	111 (0.9)	68 (0.5)	30 (0.2)	12,590
Michigan	66 (0.4)	55 (0.3)	—	1 (0.0)	1 (0.0)	76 (0.4)	14 (0.1)	31 (0.2)	9 (0.0)	2 (0.0)	18,348
Minneapolis/St. Paul	47 (1.1)	82 (2.0)	11 (0.3)	11 (0.3)	—	34 (0.8)	7 (0.2)	26 (0.6)	12 (0.3)	24 (0.6)	4,123
New York City	2 (0.0)	145 (0.5)	453 (1.7)	2 (0.0)	187 (0.7)	19 (0.1)	19 (0.1)	181 (0.7)	3 (0.0)	5 (0.0)	27,010
Philadelphia	1 (0.0)	13 (0.1)	284 (2.1)	—	1 (0.0)	—	2 (0.0)	16 (0.1)	2 (0.0)	—	13,301
Phoenix	30 (0.5)	12 (0.2)	5 (0.1)	62 (1.1)	3 (0.1)	17 (0.3)	—	4 (0.1)	—	12 (0.2)	5,698
St. Louis	2 (0.0)	49 (0.5)	26 (0.3)	21 (0.2)	7 (0.1)	19 (0.2)	2 (0.0)	38 (0.4)	18 (0.2)	25 (0.3)	9,103
San Diego	4 (0.1)	6 (0.1)	24 (0.4)	9 (0.1)	3 (0.0)	28 (0.4)	6 (0.1)	128 (1.9)	2 (0.0)	131 (1.9)	6,769
San Francisco	2 (0.0)	5 (0.1)	2 (0.0)	23 (0.3)	6 (0.1)	38 (0.5)	6 (0.1)	28 (0.4)	1 (0.0)	36 (0.5)	7,024
Seattle	3 (0.2)	13 (1.0)	17 (1.3)	—	1 (0.1)	8 (0.6)	2 (0.2)	22 (1.7)	—	20 (1.6)	1,269
Texas	77 (0.2)	79 (0.2)	178 (0.4)	461 (1.1)	98 (0.2)	6 (0.0)	14 (0.0)	461 (1.1)	81 (0.2)	311 (0.7)	42,116
Washington, DC	36 (1.5)	50 (2.1)	151 (6.2)	—	1 (0.0)	4 (0.2)	2 (0.1)	217 (8.9)	32 (1.3)	6 (0.2)	2,430
United States	1,214 (0.2)	2,502 (0.3)	2,749 (0.4)	2,430 (0.3)	536 (0.1)	2,087 (0.3)	456 (0.1)	4,985 (0.7)	1,447 (0.2)	4,040 (0.5)	744,869

¹NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.

²Data are for January–June 2012; see appendix tables 2.1–2.26. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

³Because these are not scheduled drugs, they may not be reported in all NFLIS areas. Levamisole is a common cutting agent for cocaine (and sometimes heroin), and dimethyl sulfone is a common cutting agent for methamphetamine.

⁴Psilocybine, psilocybin, psilocin, and psilocin are grouped together in this table under the category, “Psilocin.”

⁵5-Methoxy-N,N-Diisopropyltryptamine or “Foxy methoxy.” 5-MEO-DPT and 5-MEO-DALT are included in these totals.

⁶Miami does not report PCP as a separate category; PCP is included in the category “hallucinogens.”

SOURCE: NFLIS, DEA, data for all areas and the United States were retrieved on December 11–12, 2012

Khat (Cathinone/Cathine). Cathinone or cathine were identified in NFLIS drug report data in 14 of 25 CEWG areas in the first half of 2012, but reports did not reach 1.0 percent of total drug reports in any area. Khat/cathinone/cathine did not rank among the top 10 most frequent drug reports in any area (data not shown).

YRBS High School Survey Data on Lifetime Inhalant Use

Lifetime Inhalant Use:

- From **2005 to 2011**, **lifetime inhalant use** among high school students surveyed increased significantly in 2 of 14 reporting areas—Chicago and Washington, DC. In Chicago, inhalant use rose from 7.0 to 10.7 percent in the period, while in Washington, DC, it increased from 5.5 to 11.8 percent. In two areas, inhalant use fell between 2005 and 2011. In Hawaii, inhalant use declined from 13.0 percent in 2005 to 9.7 percent in 2011, while in Maryland, it decreased from 12.5 to 9.4 percent. Percentages for the United States and the 10 other reporting areas were stable, with no statistically significant differences between 2005 and 2011 in students' inhalant use (tables 2 and 3).
- Decreases were noted in inhalant use in 2 of 17 reporting areas with data for both **2009 and 2011**. In Detroit, 12.1 percent of students in 2009, compared with 7.9 percent in 2011, reported inhalant use; in Maine, 14.8 and 11.0 percent reported lifetime inhalant use from 2009 to 2011. In the other 15 areas and the United States, percentages were stable over the period (tables 2 and 3).
- In **2011**, the highest inhalant use by students was reported in Los Angeles (14.9 percent), and the lowest was in Boston (5.6 percent), with the U.S. average at 11.4 percent (table 2).

Cannabimimetics, Substituted Cathinones, And 2C Family of Phenethylamines

NFLIS Forensic Laboratory Data on Cannabimimetics (Synthetic Cannabinoids)

Cannabimimetic AM-2201 1-(5-fluoropentyl)-3-(1-naphthoyl)indole) surfaced for the first time in 9 of 25 CEWG reporting areas in their NFLIS top 10 drug report rankings in the first half of 2012: Albuquerque (5th), Atlanta (8th), Colorado (5th), Denver (5th), Maryland (7th), Miami (10th), Philadelphia (8th), St. Louis (7th), and Texas (7th) (table 1; appendix table 2). The drug ranked first among the cannabimimetics in NFLIS reports in the United States, where it ranked eighth in the first half of 2012. Approximately one-half of all cannabimimetics identified in United States drug reports in this reporting period were AM-2201.

The second ranked cannabimimetic nationally was UR-144 ((1-phenylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl) methanone), while JWH-122 (1-pentyl-3-(4-methyl-1-naphthoyl)indole) ranked third among cannabimimetic reports in the United States. UR-144 ranked 10th among drug reports in Atlanta; JWH-122 ranked 7th in Denver and 10th in Colorado; and JWH-018 ranked 10th in Colorado among NFLIS total drug reports (table 1; appendix table 2).

Cannabimimetic agents, or synthetic cannabinoids, were identified among drug reports in 24 of 25 areas in the first half of 2012; none were identified in Honolulu. Ten CEWG areas showed total drug reports equal to or exceeding 1.0 percent identified as cannabimimetics, including Denver (6.5 percent), Atlanta (6.4 percent), Colorado (4.8 percent), St. Louis (4.3 percent), Albuquerque and Texas (4.2 percent each), Maine (1.8 percent), Philadelphia (1.3 percent), Maryland (1.2 percent), and Minneapolis/St. Paul (1.0 percent) (appendix table 3.1).

NFLIS Forensic Laboratory Data on Substituted Cathinones (Synthetic Cathinones)

For the United States as a whole, the top three substituted cathinones in NFLIS drug reports in the first half of 2012 were MDPV (3,4-methylenedioxypropylvalerone), methylone (3,4-methylenedioxy-methylcathinone or bk-MDMA), and alpha-PVP (alpha-pyrrolidinophenylphenone), respectively.

One or more substituted cathinones were identified in drug reports in all but one (Honolulu) of the 25 CEWG reporting areas in the first half of 2012. The highest percentage of drug reports identified as substituted cathinones were in Maine, at 6.5 percent, followed by 2.7 percent in Washington, DC, 2.2 percent in Atlanta, 1.7 percent in Miami, 1.4 percent each in St. Louis and Texas, and 1.0 percent each in Minneapolis/St. Paul and Phoenix (appendix table 3.2). MDPV was identified in all but three CEWG areas; the exceptions were Honolulu, San Francisco, and Seattle. The drug was identified in 28.2 percent ($n=1,912$) of 6,774 total drug reports for substituted cathinones in the United States. MDPV emerged among the top 10 NFLIS drug reports, holding sixth place in this reporting period in Maine, although the numbers were small (table 1; appendix table 2). Several other substituted cathinones that were identified in CEWG area drug reports in the first half of 2012 included methylone, mephedrone (4-methylmethylcathinone), alpha-PVP, 4-MEC (4-methyl-N-ethylcathinone), pentedrone (2-(methylamino)- α -phenylpentan-1-one), butylone (β -keto-N-methylbenzo-dioxypropylamine), and 4-MEPPP. The most frequently reported substituted cathinones in the United States, after MDPV, were methylone (22.2 percent of cathinones identified; $n=1,503$) and alpha-PVP (21.1 percent of identified cathinones; $n=1,426$), followed by pentedrone (8.4 percent of identified cathinones; $n=567$) and 4-MEC (7.9 percent of cathinones; $n=534$) (appendix table 3.2).

NFLIS Forensic Laboratory Data on 2C Family of Phenethylamines

While phenethylamine drugs from the 2C family and related NBOMe compounds were reported on at the January meeting by the DEA forensic chemist as emerging drug issues of concern to the DEA, most of the data on these drugs come from NFLIS.

Drug reports for the 2C family of phenethylamines (2C-E, 2C-I, 2C-B, 2C-C, 2C-P, 2C-T-2, and 2C-H) were identified among items seized and analyzed by NFLIS forensic laboratories in 12 of 25 areas in the first half of 2012. The total number of these items ranged from 34 in Texas; to 10 in Chicago; 8 in Minneapolis/St. Paul; 7 in Maryland; 6 in San Diego; and 4 or fewer items in Atlanta, Colorado, Denver, Maine, Miami, St. Louis, and Seattle. A total of 324 such drug reports were identified in the United States, with the majority (43.2 percent) of them identified as 2C-I, followed by 2C-E (29.3 percent) and 2C-B (16.7 percent) (appendix table 3.3).

Section II. Update Briefs and Abstracts: January 2013 CEWG Meeting

CEWG AREA UPDATE BRIEFS

Drug Abuse Patterns and Trends for Albuquerque and New Mexico—Update: January 2013

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Overview of Findings: The most significant drug finding in the first half of 2012 in Albuquerque and New Mexico, according to the area representative, was the continuing high heroin levels and increasing heroin indicators. Albuquerque forensic laboratories data for the first half of 2012 reported disproportionately high levels of heroin, methamphetamine, and synthetic marijuana cannabimimetics (specifically AM-2201 [1-(5-fluoropentyl)-3-(1-naphthoyl)indole]), compared with the national average, along with lower levels of marijuana and cocaine. Heroin was 179.7 percent more likely to be identified in the National Forensic Laboratory Information System (NFLIS) Albuquerque drug reports among analyzed drug items than nationally, and mention of methamphetamine was 57.7 percent higher in Albuquerque drug reports than the national average. Heroin was the most specified drug in the Albuquerque NFLIS drug reports and the fourth most specified drug in the United States. The cannabimimetic, AM-2201, was identified in 3.5 percent of Albuquerque drug reports, compared with 1.4 percent nationwide, while marijuana was less frequently identified in drug reports in Albuquerque (marijuana was identified in 33.6 percent of drug reports from analyzed drug items nationally, compared with 19.1 percent in Albuquerque).

Among high school students in Bernalillo County (where Albuquerque is located), current marijuana use was higher than for New Mexico students statewide. However, Bernalillo County students reported slightly lower current use of methamphetamine, cocaine, heroin, ecstasy, and the nonmedical use of prescription pain killers, compared with all New Mexico high school students. For those students age 12 and older, Bernalillo County registered slightly higher reported drug use within the past year for marijuana, cocaine, nonmedical use of pain relievers, and illicit drugs, according to the National Survey of Drug Use and Health (NSDUH). Death rates due to drug overdoses were extremely high in New Mexico and higher yet in Bernalillo County. Both death rates for heroin and prescription drugs were higher in Bernalillo County than for the State. Of the three largest race/ethnicity groups (White Non-Hispanics, Hispanics, and Native Americans), the Hispanic male drug overdose death rate was the highest—almost double the White male rate and the Hispanic female rate. Among inpatient hospital discharges for drug overdose, the female rate was greater than the male rate. Suicide attempts constituted the majority (54.6 percent) of female hospital discharges. Amphetamines and marijuana were the two most prevalent primary substances identified among clients of State-funded drug treatment admissions in 2011.

New Mexico's drug death rate remained extremely high in spite of its vigorous Naloxone Program. In 2010–2011, there were 70.6 percent more overdose reversals reported than actual heroin deaths.

Pharmacy Monitoring Program data indicate that as many as 6 percent of Bernalillo County residents age 35–44 who received a controlled substance prescription may be possible “doctor shoppers.” It is estimated that prescription opioid abuse, dependence, and misuse may cost the State as much as an estimated \$890 million annually.

Updated Drug Abuse Trends and Emerging Patterns

Marijuana: According to NFLIS, there were 299 drug reports for marijuana/cannabis among drug items analyzed in Albuquerque during the first half of 2012. Marijuana/cannabis constituted 19.1 percent of all Albuquerque drug reports (compared with 33.6 percent nationwide). Marijuana/cannabis represented the second highest number of analyzed drug reports in Albuquerque (only heroin ranked higher). Marijuana use remained high throughout New Mexico. According to the New Mexico Youth Risk and Resiliency Survey (YRRS), in 2011, 38.4 percent of Bernalillo County students in grades 9–12 reported having used marijuana within the past 30 days. The prevalence in New Mexico for grades 9–12 was 27.6 percent in 2011. There was a significant and inverse association between parents’ education level and current marijuana use for both Bernalillo County and New Mexico (parents’ education is the only State-added indicator of socioeconomic status in the survey). NSDUH reported that for 2009–2010, 7.7 percent of Bernalillo County residents (age 12 and older) were current marijuana users, compared with 6.9 percent for the State. According to 2008–2010 NSDUH findings, 12.7 percent of Bernalillo County residents and 11.4 percent of New Mexico residents age 12 and older reported having used marijuana during the past year. In 2011, there were 663 admissions to State-funded substance abuse treatment facilities in New Mexico in which marijuana was listed as the primary substance of misuse. This number represented a 44.4 percent increase from 2010 levels. According to the Treatment Episode Dataset (TEDS), this represented 7.4 percent of all admissions in the State for that year. There were more marijuana treatment admissions among clients age 21–25 than for any other age category. Males constituted 74.2 percent of these admissions and Hispanic admissions constituted 74.6 percent of all marijuana admissions in 2011.

Cocaine: NFLIS reported that there were 262 cocaine drug reports among drug items analyzed in Albuquerque during the first half of 2012. This number represented 16.8 percent of all Albuquerque drug reports (compared with 17.3 percent of total drug reports nationwide). According to 2011 YRRS data, 4.5 percent of Bernalillo County students in grades 9–12 currently used cocaine, compared with 5.2 percent for New Mexico high school students. Since 2007, these prevalence levels have remained virtually unchanged. There was a significant and inverse association between parents’ education level and current cocaine use for New Mexico. According to NSDUH data, 2.7 percent of Bernalillo County residents age 12 and older reported being current users of cocaine, compared with 2.2 percent for the State. The 2011 age-adjusted unintentional drug overdose death rate for cocaine was 3.0 per 100,000 persons for Bernalillo County residents, compared with a rate of 2.8 for New Mexico residents. In 2011, there were 249 State-funded treatment admissions in which cocaine was listed as the primary substance (constituting 2.8 percent of all admissions in 2011 and a slight increase from 2010). Crack cocaine constituted approximately 25 percent of these admissions. Males constituted 51.6 percent of crack cocaine admissions, compared with 75.7 percent of other cocaine admissions. For both types of cocaine, the largest number of treatment admissions occurred among clients age 26–30.

Heroin: NFLIS reported 345 drug reports among drug items analyzed in Albuquerque during the first half of 2012. This represented 22.1 percent of all Albuquerque reports, compared with just 7.9 percent nationwide. According to the 2011 YRRS, 3.0 percent of Bernalillo County high school students were current heroin users, compared with 3.2 percent of State high school students. There were no significant changes in the prevalence rate since 2007. There was not a significant association with the parents’ education level. Bernalillo County’s age-adjusted unintentional drug overdose

rate for heroin was 5.2 deaths per 100,000 population, while the State's rate was 3.8. In 2010–2011, there were 77 heroin deaths. During this same period, the New Mexico Department of Health Harm Reduction Program enrolled 1,521 drug injectors into its Naloxone (Narcan®) Program, and 96 overdose reversals (“saves”) were reported. Although these data are based on self-report, this potentially means that without the Naloxone Program, Bernalillo County's crude 2010–2011 rate of 5.8, based on 77 deaths, could possibly have been 173 deaths, with a death rate of 12.9. For decades, Rio Arriba County in northern New Mexico has consistently had the highest heroin death rate in the State and one of the highest heroin death rates in the Nation. The 2007–2011 age-adjusted death rate was 21.5—nearly four times higher than the State death rate for the same time period (multiple years were averaged for statistical stability). In 2010–2011, there were 12 heroin deaths and 166 overdose reversals. According to the Harm Reduction Program's data, Rio Arriba's heroin overdose death rate would have been astronomical without the State's Naloxone Program. According to TEDS, there were 371 State treatment admissions in which heroin was listed as the primary substance; this constituted 4.1 percent of all State-funded treatment admissions. Males constituted 57.7 percent of all heroin admissions. Whites constituted 88.7 percent of heroin admissions, and 70.4 percent were Hispanics. The 21–25 age group constituted the largest number of heroin admissions.

Methamphetamine: In 2011, there were 274 methamphetamine drug reports among drug items analyzed in Albuquerque during the first half of 2012. This represented 17.5 percent of all Albuquerque reports, compared with 11.1 percent of reports nationally. According to the 2011 YRRS, 3.3 percent of Bernalillo County high school students were current methamphetamine users, compared with 3.9 percent for New Mexico. Bernalillo County's 2011 age-adjusted drug overdose death rate for methamphetamine was 1.0 per 100,000 population; for New Mexico residents, the rate was 1.5. In 2011, there were 779 treatment admissions in which “amphetamine” (including methamphetamine) was listed as the primary substance. Amphetamine admissions constituted 8.7 percent of the total; this represented a 60.6-percent increase from 2010. Amphetamine admissions for substance abuse treatment were most numerous in the 26–30 age group; 53.8 percent of these admissions were male; 83.1 percent were White, and 44.7 percent were of Hispanic ethnicity.

Prescription Opioids: NFLIS reports identified 45 oxycodone reports and 12 buprenorphine reports among analyzed drug items in Albuquerque during the first half of 2012. Oxycodone was identified in 2.9 percent of forensic reports in Albuquerque, compared with 3.5 percent for the United States. According to the 2011 YRRS, 10.8 percent of Bernalillo County high school students currently used pain killers “to get high,” compared with 11.3 percent for the State. Student use of painkillers was not associated with parents' education. According to the 2009–2010 NSDUH, 5.8 percent of New Mexico residents age 12 and older used pain killers for nonmedical reasons during the past month. The proportion was 11.2 percent for residents age 18–25. Results from the 2008–2010 NSDUH surveys showed that 6.4 percent of Bernalillo County residents age 12 and older used pain killers for nonmedical use during the past year, compared with 5.8 percent for the State. Bernalillo County's 2011 age-adjusted oxycodone drug overdose death rate was 2.0 per 100,000 population, compared with 2.7 for the State. The oxycodone unintentional death rate was the highest of all prescription drugs in both locales. The overall age-adjusted unintentional prescription opioid drug overdose death rate was 8.1 deaths per 100,000 for Bernalillo County residents and 6.9 for the State. In 2011, there were 433 substance abuse treatment admissions where “other opiates” were listed as the primary substance; this represented a 45.7-percent increase from 2010. Almost fifty-nine percent of these admissions were male; 86.0 percent were White, and 62.5 percent were Hispanic. Clients age 21–25 represented the largest number of admissions in which the primary substance listed was “other opiates.” In 2007, and from 2009 to the present, the number of prescription drug overdose deaths experienced larger increases than the number of illicit drug overdose deaths. Since 2001, the State's drug overdose death rate increased by 79.9 percent. During this same period, the

Drug Enforcement Administration (DEA) reported that prescription sales of opioids increased 144.7 percent. Findings from New Mexico and the Nation indicate that prescription drug sales and drug overdose deaths have risen in parallel.

Data Sources: *Treatment data* are based on the TEDS data from the Substance Abuse and Mental Health Services Administration, which were provided by the Behavioral Health Services Division of the New Mexico Human Services Department (http://www.dasis.samhsa.gov/web/tedsweb/tab_year.choose_year_web_table?t_state=NM). *School survey data* were from the Centers for Disease Control and Prevention (CDC)-sponsored YRRS (the Youth Risk Behavior Survey with its State-added questions). *State and sub-State survey results* were from the NSDUH. *Hospital inpatient discharges* were from the Hospital Inpatient Discharge data compiled by the New Mexico Department of Health. *Crime laboratory data* for the first half of 2012 were provided by NFLIS, DEA. *Drug overdose death* data were provided by the Bureau of Vital Records and Health Statistics of the New Mexico Department of Health and the New Mexico Office of the Medical Examiner. *Cost estimates* for the United States were derived in Birnbaum et al (2011) "Societal Costs of Opioid Abuse, Dependence, and Misuse in the United States," *Pain Medicine*, April 12(4):657-67. New Mexico estimates were derived by multiplying estimated 2007 U.S. costs by the portion of 2007 U.S. prescription opioid overdose deaths that occurred in New Mexico (i.e., $231/14,408=0.016$).

Drug Abuse Patterns and Trends in Atlanta—Update: January 2013

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Updated Drug Abuse Trends and Emerging Patterns

The following report provides patterns and trends of drug abuse in the Atlanta metropolitan area in the first half of 2012. **The continuing decline in cocaine prevalence in the Atlanta area since 2007 was one of the most important findings in this reporting period. A second important finding was a decrease in human exposure calls for substituted cathinones and cannabimimetics from the previous reporting period, as reported by the Georgia Poison Center.**

Alcohol (defined as alcohol-only and alcohol-in-combination with secondary and tertiary other drugs) was the most commonly reported drug among publicly funded treatment admissions in Atlanta in the first half of 2012. Alcohol constituted approximately 50 percent of total treatment admissions. Both alcohol-only and alcohol-in-combination treatment admissions remained stable at approximately 25 percent since 2010. In the first 6 months of 2012, clients seeking treatment for alcohol only were predominantly male (66.9 percent) and were age 35 or older (79.3 percent). While Whites constituted a higher percentage of alcohol-only treatment admissions (60.0 percent), the proportion of Whites for alcohol-in-combination admissions was lower (44.2 percent). Georgia Crisis and Access Line data in the first half of 2012 indicated the overall percentage of calls related to alcohol was stable (at 56 percent). Drug exposure calls to the Georgia Poison Center showed that the number of calls regarding alcohol (defined as alcohol-in-combination) declined from 2011 ($n=629$) to 2012 ($n=491$).

Marijuana was the most prominently used illicit drug in the Atlanta metropolitan area, based on public drug treatment data from the first half of 2012. The treatment indicators for marijuana have gradually decreased; the percentage of marijuana treatment admissions was 16.5 percent in the first half of 2012, compared with 17.3 percent in 2011 and 18.7 percent in 2010. The proportion

of male admissions was higher than the proportion of females, at 67.4 percent. The proportion of African-Americans who identified marijuana as their primary drug of choice increased slightly, from 58.6 percent in 2011 to 63.2 percent in the first 6 months of 2012. Young adults between the ages of 18 and 25 represented the largest age group among marijuana primary treatment admissions (35.0 percent); however, the proportions of admissions for this age group have slowly decreased since 2009 (when they constituted 38.3 percent of the total). Georgia Crisis and Access Line calls from the first half of 2012 showed a slight increase for marijuana, which remained the most frequently reported illicit drug among all calls, at 16 percent. The proportion of calls to the Poison Control Center regarding marijuana declined slightly from 2011 ($n=49$) to 2012 ($n=34$).

Cocaine was the second most frequently mentioned drug of choice in the treatment admissions data. Overall, cocaine indicators were mixed. Treatment admissions data showed cocaine was the primary substance among 11.0 percent of admissions in the first half of 2012. This represented only a slight increase from 10.8 percent in 2011. The proportion of African-American treatment admissions increased from 74.2 percent in 2011 to 76.5 percent in 2012. Approximately 70 percent of clients admitted for cocaine were older than 35. Cocaine continued to be the drug most mentioned in National Forensic Laboratory Information System (NFLIS) drug reports among drug items seized and identified in the 28 Metropolitan Statistical Area counties; however, the percentage of reports identified as cocaine continued to decrease over the past 4 years from 47.0 percent in 2009 to 25.5 percent in the first half of 2012. The proportion of calls to the Georgia Crisis and Access Line for cocaine remained stable, constituting 10 percent of calls in the first half of 2011 and 11 percent of calls in the first half 2012. Calls to the Georgia Poison Center decreased from 2011 ($n=104$) to 2012 ($n=77$). Among the five major counties closest to the center of the city of Atlanta (Fulton, DeKalb, Cobb, Gwinnett, and Clayton), Fulton, Cobb, and Clayton experienced decreases from 2011 to 2012 in prison arrests for the possession of cocaine, whereas cocaine possession arrests increased in DeKalb and Gwinnett Counties.

Methamphetamine abuse remained stable at low levels. The proportion of treatment admissions in the first half of 2012 (6.0 percent) was only 0.8 percent higher than the 2010 level. The percentage of female treatment admissions in metropolitan Atlanta reporting methamphetamine as their primary drug increased from 57.3 percent in 2011 to 61.5 percent in 2012. Clients continued to be predominantly White (95.0 percent). The age distribution of people seeking treatment for methamphetamine stayed fairly evenly split across age groups, with approximately 40 percent of clients age 26–34 and a slightly lower percentage of clients age 35 and older (35.9 percent). NFLIS data indicated a decline in the percentage of methamphetamine reports identified among seized drug items from 2011 (23.2 percent) to the first half of 2012 (20.1 percent). Calls to the Georgia Crisis and Access Line in the first half of 2012 for amphetamines represented 6 percent of the total calls. The number of methamphetamine-related exposure calls to the Georgia Poison Center remained unchanged since 2011, with 63 calls in 2012. Prison admissions for methamphetamine possession increased from 2011 to 2012 in DeKalb and Gwinnett Counties. Prison admissions data showed a continued decrease in Cobb County admissions, while Fulton and Clayton County admissions were stable.

Heroin abuse indicators remained stable, contributing to only 4.2 percent of primary treatment admissions in the first half of 2012 compared with 3.3 percent in 2011. Most users preferred to inject the drug, which was consistent with previous years. Approximately two-thirds of heroin users were White, and 64.6 percent were male. The majority of heroin treatment admissions were for clients age 35 and older (45.6 percent). The proportion of heroin drug reports among drug items seized and identified in NFLIS laboratories remained stable in the first half of 2012 at 3.0 percent. Heroin-related exposure calls to the Georgia Poison Center remained at relatively low levels compared with calls for other drugs; however, the number of calls rose slightly from 43 in 2011 to 48 in 2012.

Prescription Opioids and Benzodiazepines: Individual prescription drugs continued to represent small proportions of treatment admissions compared with illicit drugs. Indicators for oxycodone, the most reported prescription drug, were mixed in the Atlanta metropolitan area. The percentage of primary treatment admissions for oxycodone was 3.3 in the first half of 2012, compared with 2.8 percent in 2011. NFLIS data showed a decrease in reports identified as oxycodone among analyzed drug items, from 8.1 percent of total reports in 2011 to 5.6 percent in the first half of 2012. Drug reports for hydrocodone among drug items seized and analyzed in NFLIS laboratories declined only slightly, from 4.9 percent of all reports in 2011 to 4.3 percent in the first half of 2012. The proportion of primary treatment admissions for alprazolam, the most commonly reported benzodiazepine, remained consistent, representing 1.4 percent of all admissions in the first half of 2012 compared with 1.5 percent in 2011. According to NFLIS data, drug reports among drug items seized and identified as containing alprazolam declined from 6.0 percent in 2011 to 5.2 percent in the first half of 2012.

MDMA (3,4-methylenedioxymethamphetamine) trends continued to be stable and accounted for less than 0.1 percent of all treatment admissions in the first half of 2012. NFLIS data also indicated a continued decline in reports among analyzed drug items identified as MDMA.

Other Drugs: An important trend during this reporting period included a decrease in human exposure calls for substituted cathinones and cannabimimetics, as reported by the Georgia Poison Center. After the emergence of cathinone-related exposure calls in 2011 ($n=54$), the number of calls related to these drugs declined to 27 in 2012. Similarly, exposure calls regarding cannabimimetics decreased from 154 calls in 2011 to 59 calls in 2012. Approximately 7 out of 10 substituted cathinone and cannabimimetic poison exposure cases were among males. . Approximately 2.2 percent of NFLIS reports among drug items seized and analyzed were identified as substituted cathinones, while 6.4 percent of drug reports were identified as cannabimimetics in the first half of 2012. It is important to note that while the last few drugs mentioned are present in Atlanta, they constitute a small percentage of local drug abuse.

Data Sources: *Treatment data* were provided by the Georgia Department of Human Resources. Coverage includes all direct providers of treatment services that receive county or State program funds in the 28 counties that constitute metropolitan Atlanta. Data on all client admissions for drug and alcohol treatment—not just clients receiving treatment paid for using public funding sources—are included in the data set. This report presents admissions data from January through June 2012—the most recent data available—and makes comparisons with percentages from prior years. *Forensic laboratory data* were provided by NFLIS, Drug Enforcement Administration, for the first half of 2012. Marijuana/cannabis drug reports may not be accurate due to changes in field testing practices. *Georgia Poison Center* data include data for calendar years (CYs) 2010–2012. *Georgia Crisis and Access Line Call* data were provided by the Georgia Department of Human Resources. Coverage includes all statewide telephone calls for Georgia's single point of entry program, a required step toward seeking substance abuse treatment from a public facility. The latest period in this report for call data is January–June 2012. *Prison/jail admissions data* were provided by the Georgia Department of Corrections and include data for CYs 2008–2012.

Drug Abuse Patterns and Trends in Baltimore City, Maryland, and Washington, DC—Update: January 2013

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Updated Drug Abuse Trends and Emerging Patterns

Throughout the *Washington, DC*, and *Maryland* region, cocaine, marijuana, and heroin continued to be the primary illicit drug problems in the first half of 2012. **One of the most important drug issues in this area to monitor in future reporting periods will be to understand and address the increase in heroin intoxication deaths in Maryland.** The most distinct change in this region was the increase of newer synthetic drugs in indicators. Law enforcement reports involving cannabimimetics analyzed by the National Forensic Laboratory Information System (NFLIS) laboratories in Maryland and Washington, DC, and synthetic marijuana seizures by the Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) increased sharply. Law enforcement reports identified as substituted cathinones in drug items analyzed by NFLIS laboratories in Maryland and Washington, DC, also increased sharply in this reporting period.

In *Washington, DC*, in the first half of 2012, **cocaine/crack, marijuana, and heroin** continued to be the primary illicit drug problems. However, trends in the indicators monitored for these drugs were mixed. Cocaine remained one of the most serious drugs of abuse, as evidenced by the fact that more adult arrestees tested positive for cocaine than for any other drug and more reports among drug items analyzed by NFLIS laboratories were positive for cocaine than any other drug in 2009 and 2010. In 2011 and January–June 2012 data, however, more reports were positive for marijuana among drug item analyzed by NFLIS laboratories than for cocaine. The percentage of adult arrestees testing positive for cocaine appeared to be continuing to decrease in 2012. In comparison, the percentage testing positive for opiates and **PCP** (phencyclidine) remained about the same. In 2012, 16 percent of adult arrestees tested positive for cocaine, and approximately 7–10 percent tested positive for opiates and/or PCP. In the first 6 months of 2012, 27.4 percent of reports among drug items submitted and analyzed by NFLIS laboratories were positive for marijuana; 15.3 percent of all reports were identified as cocaine; and 6.6 percent were identified as heroin. Several new drugs were also appearing among NFLIS reports. **Possible levamisole** ranked third among all NFLIS reports identified in Washington, DC, each year from 2009 to 2011, outranking heroin and falling behind marijuana/cannabis and cocaine. In the first 6 months of 2012, possible levamisole ranked fourth after marijuana/cannabis, cocaine, and caffeine. **Cannabimimetics and substituted cathinones** first began to appear in the Washington, DC, area in 2010, and the number of reports identified as cannabimimetics among drug items analyzed by NFLIS laboratories increased sharply from 1 in 2010 to 18 in the first half of 2012; the number of reports for substituted cathinones increased from 13 to 65 in the same time period. During 2012, juvenile arrestees were more likely to test positive for marijuana (47 percent) than for any other drug. The percentage testing positive in 2012 was lower than for any other year since 1993. The percentage of youth testing positive for cocaine decreased to less than 1 percent (1 percent in 2011, 0.2 percent in 2012). The percentage of adult and juvenile offenders in *Washington, DC*, testing positive for **amphetamines** remained considerably lower than for other drugs (at approximately 1 percent) in 2012.

In *Maryland*, there were 27,638 primary enrollments to certified publicly funded treatment programs in the first half of 2012. This was an increase statewide and in Baltimore City over enrollments in the first half of 2011. Enrollments most frequently involved **alcohol, heroin, marijuana, crack/other cocaine, and other opiates**. Treatment enrollments involving primary mentions of other opiates, **PCP**, and **benzodiazepines** appeared to increase (comparing the first half of 2011 with the first half of 2012), while treatment enrollments involving marijuana, heroin, and cocaine decreased. In Baltimore, enrollments involving cocaine, heroin, other opiates, PCP, and benzodiazepines all increased. Baltimore accounted for more than one-half (56 percent) of heroin enrollments and for approximately one-third of cocaine enrollments, but the city represented only 12 percent of the other opiate enrollments. Cocaine and marijuana accounted for approximately 70 percent of the positive reports among drug items analyzed by NFLIS laboratories in the first half of 2012 in Maryland and

Baltimore City. Reports identified as marijuana increased from 2009 to 2011 in Maryland, while reports identified as cocaine and heroin decreased. Approximately 12 percent of reports among drug items analyzed by NFLIS laboratories statewide were positive for heroin in the first half of 2012, and approximately three-quarters of these reports (74 percent) were from Baltimore City. One of the most important drug issues in this area to monitor in future reporting periods will be to understand and address the increase in heroin intoxication deaths in Maryland. While heroin-related intoxication deaths trended down from 282 deaths in 2007 to 238 deaths in 2010 in the State of Maryland, such deaths increased slightly to 245 in 2011; preliminary data indicated another increase in 2012.

Several new drugs were appearing in indicators in Maryland and Baltimore City. **Substituted cathinones** first appeared in Maryland in 2010 and in Baltimore City in 2011, and **cannabimimetics** first appeared in Maryland in 2010. Indicators for both have increased sharply—drug reports identified as cannabimimetics among items analyzed by NFLIS laboratories in Maryland increased from 44 reports in 2010 to 478 in the first half of 2012; drug reports identified as substituted cathinones among items analyzed increased from 9 in 2010 to 217 in the first 6 months of 2012. Cannabimimetic seizures by HIDTA initiatives nearly quadrupled, from 164.9 kilograms in 2011 to 628.4 kilograms in 2012. In addition, 10,775 drug units were seized in 2012. The majority of seizures in 2012 were in the Baltimore metropolitan region, which accounted for more than 70 percent of the cannabimimetics seized.

Data Sources: *Drug seizure data* were provided by NFLIS and the Drug Enforcement Administration. *Mortality data* were obtained from the Office of the Chief Medical Examiner, Washington, DC, and the Maryland Office of the Chief Medical Examiner. *Adult and juvenile arrestee data* were adapted from information obtained from the District of Columbia Pretrial Services Agency. *Treatment enrollment data* for Maryland and Baltimore City were obtained from the Alcohol and Drug Abuse Administration State of Maryland Automated Record Tracking system. Washington/Baltimore HIDTA seizure data are from the HIDTA performance management system.

Drug Abuse Patterns and Trends in Greater Boston—Update: January 2013

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Overview of Findings: The most important finding of this reporting period in Boston was the continuing high levels of cocaine and heroin relative to other drugs. Cocaine and heroin continued as the dominant drugs of abuse in Boston during this reporting period. Cocaine figured prominently among drug-related deaths, drug arrests, and drug laboratory samples derived from drug arrests. Heroin dominated as the primary drug among substance treatment admissions. Marijuana, other opiates/opioids (including oxycodone), and benzodiazepine indicators remained at more moderate levels. Methamphetamine and other “club drug” indicators remained at relatively low levels overall.

Updated Drug Abuse Trends and Emerging Patterns

Cocaine: Cocaine indicators were mixed (decreasing and stable) in Boston, but they remained at high levels when compared with other drugs. Cocaine overdose deaths represented 21 percent of all drug-related deaths in 2010. The number of cocaine overdose deaths decreased 4 years in a row, and by 55 percent, from 2006 to 2010 ($n=51$ deaths in 2006, $n=46$ in 2007, $n=32$ in 2008, $n=28$ in

2009, and $n=21$ in 2010). The number of cocaine-overdose emergency department (ED) visits was fairly stable from fiscal year (FY) 2008 to FY 2011. The proportion and number of primary cocaine treatment admissions decreased steadily, from 9 percent ($n=1,537$) of total admissions in FY 2006 to 5 percent ($n=793$) by FY 2012. The proportion of treatment admissions citing cocaine as primary, secondary, or tertiary drug decreased steadily, from 38 percent of total admissions in FY 2006 to 26 percent in FY 2012. The proportion of Class B drug arrests (mainly cocaine) was stable at 48–49 percent from 2009 to 2011. The proportion of drug reports identified as cocaine among drug items analyzed by National Forensic Laboratory Information System (NFLIS) laboratories decreased from 28 percent of the total in 2009 to 23 percent by 2011. Preliminary first half of 2012 NFLIS data showed cocaine as detected in only 19 percent of the total number of reports.

Heroin: The most recent heroin abuse indicators in Boston were mixed at extremely high levels. Due to coding limitations, heroin was reported along with other opiates and opioids in death, ED visit, and arrest data. The number of heroin and/or other opiate/opioid overdose deaths decreased from 90 in 2006, to 72 in 2009, and to 45 in 2010. Heroin and/or other opiate/opioid overdoses occurred in 42 percent of Boston drug-related deaths in 2010; this was a decline from 57 percent in 2006. The number of heroin and other opiate/opioid overdose ED visits decreased from 556 in FY 2009 to 453 in FY 2010 and then increased to 525 in FY 2011. The proportion of primary heroin treatment admissions was stable, at approximately 51 percent for 3 years from FY 2009 to FY 2011 and at 52 percent in FY 2012. Similarly, the proportion of treatment admissions citing heroin as the primary, secondary, or tertiary drug of abuse remained fairly stable—ranging between 55 and 56 percent—for 4 years (from FY 2009 to FY 2012). The proportion of Class A drug arrests (mainly heroin) increased from 22 percent in 2009–2010 to 25 percent in 2011. From 2009 to 2011, the proportion of heroin drug reports among drug items analyzed by NFLIS ranged from 14 to 16 percent. Preliminary data from the first half of 2012 showed 17 percent of drug reports among analyzed items were identified as heroin. The Drug Enforcement Administration (DEA)'s Heroin Domestic Monitoring Program reported that street-level heroin remained at 15 percent average purity from 2009 to 2010, but the price per milligram pure increased by 61 percent. The DEA's New England Field Division data indicated that in the first half of 2012 in Boston, street-level heroin cost \$50–\$250 per gram.

Opiates/Opioids Other Than Heroin: Other indicators of nonheroin opiates/opioids were observed to be stable or decreasing at moderate levels. The proportion of primary other opiate/opioid treatment admissions remained stable between 4 and 5 percent for 4 years from FY 2009 to FY 2012. The proportion of treatment admissions citing other opiates/opioids as primary, secondary, or tertiary drug decreased from 11 percent in FY 2011 to 9 percent in FY 2012. Although the proportion of reports among drug items analyzed by NFLIS laboratories identified as oxycodone increased from 7 percent in 2009 to 10 percent in 2011, preliminary first half of 2012 data show oxycodone accounting for 8 percent of all reports.

Benzodiazepines: Indicators for benzodiazepine abuse in Boston were mixed (stable or increasing gradually) at low to moderate levels. There were 227 hospital ED visits involving nonmedical use of benzodiazepines in FY 2011; this was a decrease from 237 in FY 2010 but represented a higher level than the 208 per year average from FY 2002 to FY 2011. In FY 2012, the proportion of primary, secondary, or tertiary treatment admissions for benzodiazepines reached 12 percent of the total; this represented a steady increase from 6 percent in FY 2005. Clonazepam and alprazolam ranked sixth and eighth among NFLIS drug reports from analyzed drug items in 2011; both drugs continued to rank among the top 10 reports in preliminary half-year 2012 data.

Methamphetamine abuse levels remained low in Boston, representing 45 of 15,458 (less than 1 percent) of all primary treatment admissions in FY 2012. Methamphetamine ranked 21st among all NFLIS drug reports from analyzed drug items in 2010; methamphetamine drug reports totaled 77 in 2009, 97 in 2010, and 62 in 2011 data.

Marijuana: Although the drug is heavily used, the most recent marijuana abuse indicators were mixed at moderate levels. The number of marijuana-involved ED visits increased from 382 in FY 2007 to 842 in FY 2011. From FY 2001 to FY 2011, the proportion of primary marijuana treatment admissions remained stable between 4 and 5 percent and then decreased slightly to 3 percent in FY 2012. The proportion of treatment admissions citing marijuana as the primary, secondary, or tertiary drug of abuse decreased slightly, from 15 percent in FY 2010 to 13 percent in FY 2011, and then to 12 percent in FY 2012; this was the lowest level in 11 years of reported data. From 2010 to 2011, the proportion of Class D drug arrests (mainly marijuana) decreased from 21 to 18 percent. The proportion of marijuana/cannabis drug reports among drug items analyzed by NFLIS laboratories increased from 23 to 25 percent from 2009 to 2010. Preliminary first half of 2012 data showed marijuana/cannabis as ranking highest among drug reports, accounting for 29 percent of total drug reports.

Data Sources: *Drug-related death data* for Boston City residents were provided by the Massachusetts Department of Public Health Vital Records. Death data for 2010 are considered preliminary. *Hospital ED drug visit data* for FYs 2002–2011 (October 1, 2001, through September 30, 2011) for Boston City residents age 17 and older were provided by the Massachusetts Division of Health Care Finance and Policy. *State-funded substance abuse treatment admissions data* for city of Boston residents age 17 and older for FYs 2001–2012 (July 1, 2000, through June 30, 2012) were provided by the Massachusetts Department of Public Health, Bureau of Substance Abuse Services. *Drug arrest data* for the city of Boston for 2002–2011 were provided by the Boston Police Department, Drug Control Unit and Office of Research and Evaluation. A 2009 Massachusetts law decriminalizing possession of less than an ounce of marijuana took effect on January 1, 2009, and has impacted drug arrest indicators. *Forensic laboratory data* for the Boston Metropolitan Statistical Area for the first half of 2012 and 2009–2011 were provided by the DEA's NFLIS. An ongoing criminal investigation alleges that a State laboratory technician falsified drug testing results in an effort to increase conviction rates from 2002 to 2012. As a result, State drug report data may misrepresent counts of confiscated drug items during that time period. *Drug price and purity information* covering January–June 2012 was provided by the DEA New England Field Division, January 2013.

Drug Abuse Patterns and Trends in Chicago—Update: January 2013

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Updated Drug Abuse Trends and Emerging Patterns

The increase in heroin indicators in the suburban counties around Chicago (specifically, DuPage, Will, and Lake Counties), was the most important finding for the Chicago area for this reporting period. Epidemiological indicators suggested that heroin, cocaine, and marijuana continued to be the most commonly used illicit substances in Chicago during this reporting period. These were also the drugs that were most frequently seized by law enforcement and identified in National Forensic Laboratory Information System (NFLIS) laboratories in the first half of 2012; they accounted for 91 percent of all reports from drug items seized and analyzed.

Cocaine indicators suggested a continuing decline. Cocaine fell to third behind alcohol among reasons for entering publicly funded treatment programs in fiscal year (FY) 2009 and remained behind alcohol in FY 2010. In response to budget cuts, treatment admissions for all substances declined in FYs 2009 and 2010.

Heroin was the major opiate used for nonmedical purposes in the region; many heroin indicators have been increasing or maintaining already elevated levels since the mid-1990s. Drug treatment admissions for heroin surpassed those for cocaine in FY 2001 and since then have accounted for the highest proportion of treatment admissions among Chicago residents. Preliminary data indicated that heroin purity at the street level declined sharply in this reporting period after increasing since 2006. Conversely, the Illinois Poison Center reported an increase in calls during the summer of 2012, regarding potent heroin that required notably higher levels of naloxone to reverse when overdoses occurred. African-American injection drug users were an aging cohort, while among Whites, new cohorts of young, mostly suburban, heroin injectors continued to emerge. The increase in heroin indicators in the suburban counties around Chicago (specifically, DuPage, Will, and Lake Counties), was the most important finding for the Chicago area for this reporting period. The number of grams of heroin seized in DuPage County increased from 114 grams in 2008, to 776 grams in 2010, and to 1,767 grams in 2011. In Will County, heroin overdose deaths increased from 26 deaths in 2010, to 30 in 2011, and to 46 in 2012. Likewise, Lake County experienced an increase in heroin-related deaths from 13 in 2007, to 30 in 2008 and 2009, to 35 in 2010, and to 34 in 2011.

Other Opiates: Hydrocodone (compared with oxycodone) continued to be the most available prescription opioid to nonprescribed users. The 2011 Youth Risk Behavior Survey (YRBS) of 9th–12th grade students in Chicago asked for the first time about the use of nonprescribed opioids and stimulants; these drugs were the third most mentioned by students, after marijuana and inhalants.

Methamphetamine indicators suggested little use in Chicago. Beyond Chicago, methamphetamine use was most common in downstate and western Illinois.

Marijuana: According to the 2011 YRBS, the proportions of 9th–12th grade students in Chicago who have ever used marijuana remained approximately level, but the use of inhalants continued to increase and were at the highest level since 1997.

MDMA (3,4-methylenedioxymethamphetamine) indicators suggested low levels, but several indicated increases, including among 9th–12th grade student school survey data. Ethnographic and survey reports suggested that MDMA (or drugs sold as MDMA) was popular among young, low-income African-Americans, and that it was readily available in street drug markets.

Other Drugs: LSD (lysergic acid diethylamide) and PCP (phencyclidine) indicators showed low levels of use, although seizures of PCP remained above the national average. The drug 5-methoxy-N,N-diisopropyltryptamine (5-MeO-DIPT, or “Foxy methoxy”) again appeared among the 10 most frequently seized and analyzed drugs in Chicago NFLIS laboratories for the first half of 2012. The drug might be sold as MDMA, according to ethnographic sources.

Synthetic marijuana substances (cannabimimetics marketed as “Spice”) appeared to be much less available than in previous reports, following changes in Federal and local regulations.

Illinois was the fifth State to enact a “Good Samaritan” bill that would exempt from prosecution individuals caught with relatively small amounts of controlled substances as a result of seeking emergency medical assistance (for self or others) for a drug overdose.

Data Sources: *Student drug use data* for 2011 for students in grades 9–12 in Chicago public schools came from YRBS, prepared by the Centers for Disease Control and Prevention (CDC). *Price and purity data* for heroin were provided by the Drug Enforcement Administration’s Heroin Domestic Monitor Program. *Poison control center call data* for heroin came from the Illinois Poison Center. *Heroin seizure data* for DuPage County were from the DuPage Metropolitan Enforcement Group, 2011, and A Profile of the DuPage County Metropolitan Enforcement Group, Illinois Criminal Justice Information Authority, November 2012. **Heroin**

overdose death data for 2008–2011 came from the Will County Coroner and the Lake County Sheriff's Office. **Forensic laboratory data** came from NFLIS for the first half of 2012. **Ethnographic data** on drug availability, prices, and purity were from observations and interviews conducted by the Community Outreach Intervention Projects, School of Public Health, The University of Illinois at Chicago. **Treatment admissions data** for FYs 2009 and 2010 were provided by the Illinois Division of Alcoholism and Substance Abuse.

Drug Abuse Patterns and Trends in Cincinnati (Hamilton County)—Update: January 2012

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Overview of Findings: The increases in heroin levels and consequences represented the most important drug trend in the Cincinnati area in this reporting period. The predominant drug issues in Cincinnati involved both marijuana and heroin as primary drugs of abuse. Indicators for marijuana in the Cincinnati region were consistently reported at high levels during the first half of 2012, compared with calendar year (CY) 2011 data sources (treatment admissions and forensic laboratory data). Marijuana as a primary drug of abuse accounted for 31.3 percent of all treatment admissions, and the drug represented 39.3 percent of drug reports among items submitted and analyzed by National Forensic Laboratory Information System (NFLIS) laboratories for the Cincinnati area. Indicators for heroin reached a high level, with an increase in all indicators during the first half of 2012 from the previous year. Exposures to heroin called to poison control centers increased by 54.5 percent during 2012, compared with the previous year. In addition, the number of drug reports among items seized and analyzed by NFLIS laboratories identified as containing heroin increased by 33 percent in the first half of 2012, compared with CY 2011 data. Cocaine indicators, which steadied to a moderate level in 2011, showed additional decline during 2012. Methamphetamine indicators continued to be low relative to other drugs in Cincinnati, but they showed a surprising 60-percent rise in number of clandestine laboratory seizures recorded during fiscal year (FY) 2012 compared with the previous year. Indicators for MDMA (3,4-methylenedioxymethamphetamine) were low in Cincinnati, with decreases recorded in the first half of 2012, compared with 2011. Abuse of prescription drugs, particularly benzodiazepines and opioid narcotics, continued to be a prominent drug issue in Cincinnati. The number of calls to poison control centers involving synthetic designer drugs, specifically cannabimimetics and substituted cathinones, decreased during CY 2012, compared with CY 2011 data.

Updated Drug Abuse Trends and Emerging Patterns

Cocaine/crack cocaine as the primary drug of abuse reported during admission to substance abuse treatment programs accounted for 8 percent of all admissions during the first half of 2012. The Cincinnati Regional Narcotics Unit (RENU) seized a combined total of more than 2,400 grams of cocaine/crack cocaine during CY 2012. Drug reports among drug items seized and analyzed and identified as cocaine, including crack cocaine, by the Drug Enforcement Administration (DEA)'s NFLIS in the first half of 2012 revealed phenyltetrahydroimidizothiazole (levamisole) impurities in 100 percent of the analyzed samples.

Heroin indicators increased for the Cincinnati region in the first half of 2012, compared with CY 2011. Treatment admissions for primary heroin abuse were not delineated from other opiate/opioid admissions, but overall heroin and opioid admissions accounted for 24.6 percent of total admissions.

The number of human exposure cases involving heroin called to poison control centers increased by 54.5 percent during 2012 from the previous year. RENU seized a total of more than 8,100 grams of heroin in CY 2012. In the first half of 2012, the proportion of drug reports among drug items seized and analyzed by NFLIS laboratories in Hamilton County and identified as heroin increased to 27.4 percent of total drug reports. Heroin purity levels declined, and the number of impurities detected by the DEA laboratory was substantial for the number of samples analyzed.

Prescription narcotics containing either oxycodone or hydrocodone remained the most prevalent opioid products abused in Cincinnati, based on poison control center and NFLIS data.

Benzodiazepines: Alprazolam continued to be the most frequently abused benzodiazepine, according to users (as noted in focus group interviews) and law enforcement, as well as poison control center call data for CY 2012 and NFLIS data for the first half of 2012. Human exposure cases involving alprazolam and clonazepam reported to poison control centers remained relatively stable at high levels during CY 2012, compared with CY 2011.

Methamphetamine indicators in Cincinnati remained relatively low, but the number of reported methamphetamine clandestine laboratory seizures increased by nearly 60 percent during fiscal year 2012, compared with the previous year. Law enforcement attributed the increased number of methamphetamine laboratory and chemical findings to the increased use of the one-pot method for methamphetamine manufacture.

Marijuana dominated all other illicit drugs as primary drugs of abuse among treatment admissions, accounting for 31.3 percent of total admissions during the first half of 2012. Marijuana was also the primary drug identified in drug reports among drug items submitted to NFLIS laboratories and analyzed during the first half of 2012, accounting for 39.3 percent of all reports.

MDMA indicators decreased to a low level in Cincinnati during 2012 from the previous year.

Emerging Patterns: Poison control center call data showed a decrease in numbers of reported human exposure calls for buprenorphine in CY 2012, compared with CY 2011, but a slight increase in calls for intentional use and abuse of that drug. Children age 3 or younger accounted for 41 percent of the human exposures called to Ohio poison control centers involving buprenorphine during CY 2012. Drug reports identified as buprenorphine among drug items analyzed by NFLIS laboratories decreased slightly and ranked 11th among all drugs submitted and analyzed in the first half of 2012. The abuse of synthetic drugs, including cannabimimetics and substituted cathinones, decreased substantially in 2012 from the previous year, as captured by poison control center call data for CY 2012 and NFLIS drug seizure and analysis data for the first half of 2012.

Data Sources: *Medical Examiner data* were obtained by the Hamilton County Coroner's Office for drug-related deaths for the first half of 2012, for comparison with death data from 2008 to 2011. Data resulted from positive toxicology evidence of drug or alcohol use found in decedents. Cases were classified as accidental, suicide, or homicide. Drug or alcohol findings were not necessarily recorded as cause of death. **Drug purity data** were provided by the DEA, Cincinnati Resident Office, for CYs 2008–2012. **Treatment data** were provided by the Hamilton County Mental Health and Recovery Services Board for fiscal years 2008 to 2009, CY 2010–2011, and the first half of CY 2012. Data were provided for publicly funded treatment programs within Hamilton County only. Primary drug of use at admission was determined through billing data submitted by reporting agencies. Data were captured by group classification and not necessarily by specific drug type or route of administration. **Poison control center call data** were provided by the Cincinnati Drug and Poison Information Center for CYs 2008–2012. There are two call “types” recorded—either drug information or actual human exposure to a product. Most exposures involved intentional abuse/misuse/suspected suicide, but all were captured in the data set. All exposure cases are for human cases only; animal cases were excluded, as

were “confirmed” nonexposure cases. Human exposures to buprenorphine were additionally captured from the other two poison control centers in Ohio, the Northern Ohio Poison Control Center and the Central Ohio Poison Control Center for CYs 2007–2012. **Drug seizure data** were provided by the Cincinnati RENU for CYs 2008–2012. **Forensic laboratory data** were provided by NFLIS, DEA, for the first half of 2012. **Qualitative data** came from focus group interviews conducted for the Ohio Substance Abuse Monitoring Project, funded by the Ohio Department of Alcohol and Drug Addiction Services for the first half of 2012. **Methamphetamine clandestine laboratory data** were provided by the Ohio Bureau of Criminal Identification & Investigation for FYs 2008–2012.

Drug Abuse Patterns and Trends in Colorado and the Denver/Boulder Metropolitan Area—Update: January 2013

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Overview of Findings: One of the most important findings for this reporting period in the Denver/Colorado CEWG area was the upward trend in indicators for heroin and other opiates/opioids. Marijuana had the highest ranking in relation to other drugs in the first half of 2012. Although indicators showed some mixed trends, marijuana continued to be a major drug of abuse in Colorado and the Denver/Boulder metropolitan area, based on treatment admissions data, hospital discharges, availability, the National Survey for Drug Use and Health (NSDUH), and law enforcement drug testing. Among Colorado and Denver/Boulder area indicators, methamphetamine was mostly stable with some mixed trends, based on a large and stable proportion of treatment admissions, availability, a slight increase in mortality rates, and a slight decrease in hospital discharge rates. Colorado and Denver/Boulder area cocaine indicators reflected some mixed trends, including treatment admissions remaining fairly stable, a very slight increase in drug-related mortality, and a decrease in hospital discharges. Cocaine continued to rank first among National Forensic Laboratory Information System (NFLIS) drug reports. Heroin abuse indicators increased, based on treatment admission data, availability, and drug-related mortality. Heroin had mixed ranks with recent increasing trends. Statewide and in the Denver/Boulder area, opiates/opioids other than heroin were a smaller but increasing percentage of treatment admissions relative to other drugs. Other opiates/opioids indicators showed mixed ranks and upward trends, including a substantial proportion of hospital discharges and drug-related mortality. Beyond abuse of illicit drugs, alcohol remained Colorado's most frequently abused substance and accounted for the most treatment admissions, poison control center calls, drug-related hospital discharges, and drug-related mortality.

Updated Drug Abuse Trends and Emerging Patterns

Cocaine treatment admissions continued to gradually decline statewide and represented a new low of 7 percent of total admissions (including alcohol) in the first half of 2012. Denver area primary cocaine admissions decreased from 14 percent in the first half of 2008, to 10 percent in the first half of 2010, to 9 percent (including alcohol) in the first half of 2012. Cocaine ranked third (behind marijuana and other opioids) in 2011 Colorado substance abuse-related hospital discharges, excluding alcohol ($n=3,302$; rate per 100,000 population=64). Both the number and rate of discharges decreased slightly from 2010 ($n=3,422$; rate per 100,000 population=68). Cocaine was the second most common drug (excluding alcohol) behind other opioids in Colorado death mentions in 2011, at a rate of 2.6 per 100,000 population for the State; this rate increased slightly from the previous year (2.2 per 100,000 in 2010). Cocaine was the most common drug seized and submitted for testing by

law enforcement in the first half of 2012 in Arapahoe and Denver Counties, based on NFLIS data. The Drug Enforcement Administration (DEA) Denver Field Division indicated that the once stable supply, price, and purity levels of cocaine in 2011 shifted to a sporadic supply with stable higher prices and lower quality in 2012.

Heroin: In the first half of 2012, heroin ranked third (an increase in rank from fourth) in statewide treatment admissions and increased to 8 percent of total admissions (including alcohol). Denver area primary heroin treatment admissions also increased, from 10 percent of the total (including alcohol) in the first half of 2011 to 11 percent in the first half of 2012. This increase resulted in a change in rank from third to a tie with methamphetamine for second (behind marijuana) as both heroin and methamphetamine represented 11 percent of total Denver area treatment admissions. There has been growing concern of an increase of new heroin users, including young adults who have switched from abusing prescription opioids to heroin due to availability and cost. Although heroin was not among the most common drugs found in Colorado death mentions, it increased from a rate of 0.9 per 100,000 population in 2010 to a rate of 1.6 per 100,000 in 2011. Heroin lagged behind cocaine, marijuana/cannabis, and methamphetamine among drugs seized and submitted for testing by law enforcement in the first half of 2012 in Arapahoe and Denver Counties, based on NFLIS data. The DEA reported that both Mexican black tar and Mexican brown powder were encountered in the Denver Field Division. The Denver DEA reported that heroin availability was moderate in Denver. Heroin exhibits analyzed by the DEA's Western Laboratory reported average purity levels of 45 percent pure in Denver; street-level amounts averaged 34 percent pure.

Other opiates/opioids other than heroin (i.e., prescription opioids, narcotic analgesics) ranked fifth in both statewide and greater Denver treatment admissions (including alcohol), accounting for 7 percent of total admissions in both Colorado and the Denver area in the first half of 2012. Statewide, other opiate/opioid admissions gradually increased, from 4 percent in the first half of 2008, to 6 percent in the first half of 2010, to 7 percent in the first half of 2012. Similarly, in the greater Denver area, primary other opiate/opioid admissions climbed from 4 percent in the first half of 2008, to 6 percent in the first half of 2010, to 7 percent in the first half of 2012. Other opiates/opioids ranked second in 2011 Colorado substance abuse-related hospital discharges, excluding alcohol ($n=5,965$; rate per 100,000 population=117); both the number and rate of discharges increased from 2010 ($n=4,971$; rate per 100,000=98). Other opiates/opioids were the most common type of drug in Colorado death mentions in 2011, with a rate of 7.1 per 100,000 population for the State; this was an increase from 5.9 per 100,000 in 2010. Other opiates/opioids were the most common drugs found in Colorado drug-related deaths from 2005 to 2011. Oxycodone (1.5 percent of total drug items identified) and hydrocodone (0.9 percent) were among the top 10 drugs reported in drug items seized and analyzed in NFLIS laboratories in the first half of 2012 in Arapahoe and Denver Counties. In 2011, Rocky Mountain High Intensity Drug Trafficking Area (HIDTA) reported very high levels of illegally diverted controlled prescription drugs in the region. Combined 2010 and 2011 NSDUH data indicated that the rate of past-year nonmedical use of prescription pain relievers among those age 12 or older in Colorado was in the top fifth quintile and ranked second in the country at 6.0 percent; this was higher than the national proportion of 4.6 percent.

Benzodiazepines (including the categories of "benzos," barbiturates, clonazepam, other sedatives, and tranquilizers) represented less than 1 percent of State treatment admissions in the first half of 2012.

Methamphetamine has accounted for the second highest proportion of treatment admissions statewide (including alcohol) over the past several years. Proportions of primary methamphetamine treatment admissions peaked during the second half of 2005 and gradually decreased through 2008. They remained fairly stable (between 14 and 16 percent) from 2008 through 2011. In the

first half of 2012, methamphetamine admissions represented 14 percent of all statewide treatment admissions. In the greater Denver area, methamphetamine reached a high proportion of 15 percent of total admissions (including alcohol) in the first half of 2007, but the proportion of such admissions declined to 11 percent in the first half of 2012, a stable proportion from 2011. Methamphetamine could not be identified separately, but rather was included in the stimulants category in Colorado drug-related hospital discharge data. In 2011, stimulants ranked fourth (behind marijuana, other opiates/opioids, and cocaine) in Colorado drug-related hospital discharges, excluding alcohol ($n=1,982$; rate per 100,000 population=39); both the number and rate of discharges decreased slightly from 2010 ($n=2,059$; rate per 100,000=41). Stimulants (mostly methamphetamine) were tied for the third most common drug category in Colorado death mentions (excluding alcohol) in 2011, with a rate of 1.6 per 100,000 population for the State; this represented a very slight increase from 2010. Methamphetamine was the third most common drug among reports from drug items seized and analyzed by forensic laboratories in the first half of 2012 in Arapahoe and Denver Counties, based on NFLIS data. DEA and local law enforcement reported that methamphetamine was readily available with very high purity levels consistently at or near 100 percent. The DEA Denver Field Division ranked methamphetamine as its top drug threat.

Marijuana continued to be the primary drug of abuse statewide and in the greater Denver area, excluding alcohol. During the first half of 2012, admissions for marijuana represented 19 percent of total drug treatment admissions in Colorado and 20 percent of treatment admissions in the Denver area. Marijuana ranked first in Colorado drug-related hospital discharges in 2011, excluding alcohol ($n=5,984$; rate per 100,000 population=117); both the number and rate of discharges increased from 2010 ($n=5,744$; rate per 100,000=114). Also, marijuana/cannabis was the second most common drug reported among drug items seized and analyzed in forensic laboratories in the first half of 2012 in Arapahoe and Denver Counties, based on NFLIS data. Combined 2010 and 2011 NSDUH data indicated that Colorado ranked in the top fifth quintile for the following data: marijuana use in the past year among people age 12 or older, youth age 12–17, people age 18–25, and people age 26 or older; marijuana use in the past month among people age 12 or older, youth age 12–17, people age 18–25, and people age 26 and older; and first use of marijuana among people age 12 or older, youth age 12–17, and people age 18–25. In addition, substance use epidemiology has documented that the lower the perception that use involves risk, the higher the probability of use. Colorado was among five States with the lowest proportions of individuals who perceived smoking marijuana once a month as a great risk; this is evident for all age groups including people age 12 or older, youth age 12–17, people age 18–25, and people age 26 and older. The supply and demand for marijuana continued to be very high. High potency marijuana has been increasingly grown under the guise of medical marijuana. The DEA reported that there was a significant amount of high-grade indoor grown marijuana being trafficked out of State. There also were several large-scale outdoor marijuana grow operations seized in Colorado national forests, as Mexican drug trafficking organizations continued to cultivate marijuana in remote areas of Colorado. Denver area substance use treatment providers have reported an overall climate in which marijuana is much more accessible and less stigmatized. The large influx of medical marijuana care centers may be contributing to the quality, high availability, and increased use of marijuana. The implications of medical marijuana and its impact on substance use disorder treatment will need continued monitoring. Colorado also recently passed Amendment 64, which legalizes the possession of less than 1 ounce of marijuana for people older than 21. Marijuana is still illegal under Federal law. The Amendment 64 Implementation Task Force was expected to release a report in February 2013.

MDMA (3,4-methylenedioxymethamphetamine) accounted for 0.5 percent of State treatment admissions (including alcohol) in the first half of 2012. This represented a slight decrease from 0.7

percent of State treatment admissions in the first half of 2011. The purity of MDMA seizures has declined over recent years, to approximately 50 percent pure. MDMA was not in the top 10 NFLIS drug reports; however, there were 16 MDMA drug reports in the first half of 2012 in Arapahoe and Denver Counties, based on NFLIS data. The DEA Denver Field Division reported that most MDMA came from California, the Pacific Northwest, or Canada. “Molly,” a powder form of MDMA, was reported to be increasingly available.

Other Drugs: BZP (1-benzylpiperazine) was not identified by any of the most common drug indicators, but it has typically been combined with MDMA and **TFMPP** (1-3-(trifluoromethylphenyl)piperazine). BZP was made a Schedule I controlled substance in Colorado as of July 1, 2009, which may explain the decrease in exhibits as reported by the Denver Crime Laboratory (DCL).

Synthetic cannabinoids (cannabimimetics marketed as “Spice”, “K2”, and “Black Mamba”) and **synthetic (substituted) cathinones** (“bath salts,” often labeled as “Cloud Nine,” “Vanilla Sky,” and “White Dove”) have been a recent growing concern. However, there are few indicators that have the ability to isolate and capture the data, making it difficult to determine actual usage levels. Synthetic cannabinoid human exposure poison control center calls remained stable from 2010 to 2011, according to the Rocky Mountain Poison and Drug Center (RMPDC) data. Additionally, there were 44 calls to the RMPDC related to synthetic (substituted) cathinones in 2011. The DCL reported an increase in synthetic (substituted) cathinones mixed with other drugs (e.g., MDMA, Foxy methoxy [5-methoxy-N,N-diisopropyltryptamine or 5-MeO-DIPT], or heroin). These are the most recent data available. Synthetic cannabinoids (cannabimimetics) were recently scheduled in Colorado, which may limit future availability and use.

HIV/AIDS Update: Cumulative acquired immunodeficiency syndrome (AIDS) data through September 2012 indicated cases related to injection drug use remained stable.

Data Sources: **Treatment data** were provided by the Colorado Department of Human Services, Division of Behavioral Health (DBH). Drug/Alcohol Coordinated Data System (DACODS) data from client admissions to all DBH-licensed treatment providers as of 11/28/2012, from January 2008 to June 2012, were included in the data set. **Forensic laboratory data** were provided by NFLIS, DEA, for the first half of calendar year (CY) 2012 (January–June) for Denver, Jefferson, and Arapahoe Counties; however, due to staffing issues, the Jefferson County Laboratory had no data for January–June 2012, as indicated in the report. While the NFLIS data are described, they cannot be compared with earlier data to establish trends, as a new methodology renders them not comparable. **Hospital discharge data** were obtained from the Colorado Department of Public Health and Environment and from the Colorado Hospital Association. These data represent CY 2011. **Mortality data** were obtained from the Colorado Department of Public Health and Environment and represent CY 2011. **Poison and drug control center call data** were obtained from the RMPDC. **NSDUH data** were obtained from the Center for Behavioral Health Statistics and Quality, 2012, Results from the 2011 National Survey on Drug Use and Health: Summary of national findings (NSDUH Series H-44, HHS Publication No. SMA 12-4713, Rockville, MD: Substance Abuse and Mental Health Services Administration). **Intelligence and qualitative data** were obtained from members of the Denver Epidemiology Work Group (DEWG), including law enforcement, treatment, research, public health, and street outreach agencies, as well as from the Proceedings of the DEWG. **Intelligence data, information on drug seizure quantities, drug price data, and purity data** were obtained from the U.S. Department of Justice, DEA Denver Field Division, Rocky Mountain HIDTA, Office of National Drug Control Policy, Drug Market Analysis 2011. **HIV/AIDS data** were obtained from the Colorado Department of Public Health and Environment (Human Immunodeficiency Virus/Sexually Transmitted Diseases [HIV/STD] Surveillance Program Disease Control and Environmental Epidemiology).

Drug Abuse Patterns and Trends in Detroit, Wayne County, and Michigan— Update: January 2013

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Overview of Findings: The continuing problems in Detroit, Wayne County, and the State of Michigan with heroin and increases in indicators for other opiates/opioids were the two most important findings for this reporting period. Drug use patterns in Detroit differ from those across the rest of the State of Michigan. In Detroit, heroin and cocaine are the two major drugs of abuse, while heroin and other opiates are the major drugs of abuse in the rest of the State. However, marijuana use is widespread in both Detroit and across the State. In Detroit, cocaine treatment admissions declined as a proportion of total admissions, and crack cocaine continued to be the dominant form of cocaine for these admissions. In the first half of 2012, drug-related deaths in Detroit attributed to cocaine continued to decline. According to law enforcement, cocaine prices have recently increased. Treatment admissions for heroin as a proportion of the total increased in fiscal year (FY) 2012 compared with FY 2011. The most striking trend for heroin admissions in Detroit and the rest of Michigan was the continued influx of young, White, and injecting treatment clients. Treatment admissions for marijuana as the primary drug of abuse declined from previous heights. There were calls to the Poison Control Center for intentional human consumption of synthetic cannabinoids (cannabimimetics), synthetic (substituted) cathinones, and a variety of new emergent drugs of abuse (e.g., DMAA [1,3-dimethylamylamine]). Drug reports among drug items seized and analyzed by National Forensic Laboratory Information System (NFLIS) laboratories showed similar rankings (by percentages) for Wayne County and the State of Michigan for reports identified as marijuana, cocaine, heroin, and hydrocodone. Additionally, synthetic cannabinoids (cannabimimetics) and synthetic (substituted) cathinones were identified in NFLIS reports for both geographic areas.

Updated Drug Abuse Trends and Emerging Patterns

Cocaine: Treatment admissions with cocaine as the primary drug accounted for 16.6 percent of total Detroit publicly funded admissions in FY 2012, continuing cocaine's decline from its height of 33.8 percent in both FY 2000 and FY 2003. The proportion of publicly funded admissions in the rest of the State with cocaine reported as the primary drug was much lower (6.8 percent) but similar to that of FY 2011. However, in the rest of the State, the proportion of cocaine admissions that involved crack was lower (71.4 percent) than the proportion in Detroit (91.4 percent). Of the cocaine admissions in Detroit, 63.1 percent were male; 91.7 percent were African-American; and 87 percent were older than 35. In the first half of 2012, the proportion of drug-related deaths attributed to cocaine was 46.0 percent compared with 51.4 percent in the first half of 2011. A focus group of law enforcement officials reported a price increase in cocaine during the last 6 months of 2012. Cocaine continued to rank second among drug reports identified in drug items seized and analyzed for Wayne County, according to NFLIS.

Heroin: In FY 2012, treatment admissions in Detroit with heroin as the primary drug constituted 34.5 percent of all admissions; this proportion was an increase from 31.4 percent of publicly funded admissions in FY 2011. The proportion of publicly funded admissions in the rest of the State with heroin as the primary drug was much lower (at 17.7 percent), but it continued its increase (the proportion

was 13.8 percent in FY 2010). In Detroit, 64.9 percent of primary heroin treatment admissions were male; 78.7 percent were African-American; and 87.0 percent were older than 35. The percentage of admissions for heroin among those older than 35 was higher in Detroit than in the rest of Michigan (with 27.2 percent). In FY 2012, similar to FY 2011, White heroin treatment clients in Detroit continued to have a younger mean age, and they were more likely to inject heroin, than African-American heroin treatment clients: 37.8 versus 52.2 years and 73.3 versus 33 percent, respectively. In Detroit, White injecting heroin users constituted 13.1 percent of treatment admissions for heroin during FY 2012, compared with only 5.0 percent during FY 2006. In the first half of 2012, of the drug-related deaths in Detroit, 41.4 percent were attributed to heroin. Heroin continued to rank third among drug reports from drug items seized and analyzed by NFLIS laboratories for Wayne County.

Other Opiates/Opioids: Treatment admissions with other opiates as the primary drug in Detroit accounted for 3.0 percent in FY 2012, compared with 16.2 percent for the rest of the State. Other opiates were attributed in 40.2 percent of the drug-related deaths in Detroit. Hydrocodone continued to be the other opiate most frequently identified in reports among drug items analyzed by NFLIS laboratories for both Wayne County and the State of Michigan.

Methamphetamine indicators in Detroit remained low. Only 1 treatment admissions client cited methamphetamine as the primary drug of abuse in Detroit during FY 2012, compared with 684 in the rest of the State (with 1.4 percent of the total treatment admissions for the rest of the State). The drug was not among the top 10 drug reports identified among drug items seized and analyzed in NFLIS laboratories for Wayne County, but methamphetamine ranked fifth among drug reports for the State of Michigan.

Marijuana: Treatment admissions with marijuana as the primary drug in Detroit accounted for 13.8 percent in FY 2012; this was a decrease from 15.0 percent in FY 2011. Of these admissions, the percentage of males was 64.2 percent; 93 percent were African-American; and the proportion younger than 18 was 20.5 percent (this represented a substantial decline from the 28.9 percent in FY 2011). The percentage of publicly funded admissions in the rest of the State with marijuana as the primary drug was similar (at 16.1 percent). Marijuana continued to rank first among drug reports from drug items seized and analyzed by NFLIS laboratories for both Wayne County and the State of Michigan. A focus group of law enforcement officials reported that marijuana use was widespread in Detroit.

Other Drugs: Ecstasy was responsible for 21 calls to the Poison Control Center in the first half of 2012. TFMPP (1-(2-(trifluoromethylphenyl)piperazine) ranked seventh among drug reports identified in drug items seized and analyzed by NFLIS laboratories for Wayne County, surpassing MDMA (3,4-methylenedioxymethamphetamine). The Poison Control Center reported an increase in calls of intentional human consumption of synthetic cannabinoids (cannabimimetics) and other emerging drugs of abuse (e.g., DMAA). Both synthetic (substituted) cathinones (and cathinones) and synthetic cannabinoids (cannabimimetics) were reported among drug reports from drug items seized and analyzed by NFLIS laboratories for Wayne County.

HIV/AIDS Update: People with newly diagnosed human immunodeficiency virus (HIV) infection continued to be disproportionately living in the six-county metropolitan Detroit area (with 67 versus 43 percent of the total population for Michigan), African-American (61 versus 14 percent of the total population for Michigan), and male (80 percent). Three percent of the people newly diagnosed with HIV infection reported injection drug use, either alone or combined with other high-risk sexual behavior, as a risk behavior.

Data Sources: *Mortality data* came from the Wayne County Medical Examiner for January–June 2012. *Drug-related crime data* came from a law enforcement officials' focus group conducted by Cynthia L. Arfken, Ph.D.

Poison control center data came from calls made to the Poison Control Center at Children's Hospital of Michigan for Eastern Michigan for January–June 2012. **Treatment admissions data** were provided by the Bureau of Substance Abuse and Addiction Services, Division of Substance Abuse and Gambling Services, Michigan Department of Community Health for FY 2012. **Forensic laboratory data** for the first half of 2012 were provided by NFLIS. **HIV data** came from Michigan Department of Community Health for January–October 2012.

Drug Abuse Patterns and Trends in Los Angeles County—Update: January 2013

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Overview of Findings: This report updates data on drug abuse indicators for the Los Angeles County CEWG area since the last reporting period. **The most important finding for the first half of 2012 in the Los Angeles area was the increase in most methamphetamine indicators in this reporting period.** The overall number of treatment admissions in January–June 2012 was similar to that of the corresponding 6-month period in 2011 ($n=23,112$ and $n=23,543$, respectively). The four primary substances accounting for the largest percentages of primary admissions were marijuana (26 percent), alcohol (23 percent), heroin (21 percent), and methamphetamine (16 percent), differing little from calendar year (CY) 2011 (when marijuana accounted for 25 percent, alcohol for 22 percent, heroin for 21 percent, and methamphetamine for 16 percent). Marijuana (36 percent), methamphetamine (25 percent), and cocaine (22 percent) accounted for a majority of Los Angeles-based illicit drug reports from items analyzed by the National Forensic Laboratory System (NFLIS) for January–June 2012; these results indicated an increase for methamphetamine and decreases for cannabis and cocaine from CY 2011. Most prices for drugs remained stable from late 2011 through early 2012, with the exception of heroin; heroin retail prices declined and were undercutting prescription narcotic prices.

Updated Drug Abuse Trends and Emerging Patterns

Cocaine accounted for 8 percent of Los Angeles County alcohol and other drug (AOD) treatment admissions in the first half of 2012, continuing a downward trend (from 13 percent in CY 2009, to 10 percent in CY 2010, and to 9 percent in CY 2011). Twenty-two percent of drug reports among items analyzed by NFLIS laboratories in the first half of 2012 were identified as cocaine; this represented a slight decrease from CY 2011 levels (when cocaine reports constituted 23 percent of the total).

Heroin: In January–June 2012, 21 percent of primary treatment admissions in Los Angeles County were for heroin, a proportion similar to CY 2011. Heroin was reported in 5 percent of drug items analyzed by NFLIS laboratories; this was similar to the 2011 proportion. While most indicators showed little change for heroin, law enforcement officials have expressed concern because of decreasing retail prices, purportedly to “undercut the market for prescription narcotics.”

Other Opiates: Approximately 3 percent of primary treatment admissions in the first half of 2012 were for other opioids/narcotics (other than heroin); this proportion was stable from CY 2011 levels. Hydrocodone, oxycodone, and codeine together accounted for 2.2 percent of NFLIS reports among analyzed drug items in the first half of 2012, a proportion similar to CY 2011. Narcotics other than heroin represented nearly one-fifth (18 percent) of the drug reports in relevant poison control system reports in CY 2012, a proportion similar to 2011 levels.

Benzodiazepines, tranquilizers, and sedatives together accounted for a very small percentage (0.4 percent) of total primary treatment admissions in the first half of 2012, similar to CY 2011. These classes of drugs accounted for approximately one-fourth (24 percent) of drug reports from relevant poison control system cases, a proportion similar to 2011 levels. The category of **"other" amphetamines and stimulants**, which includes several prescription drugs, such as Adderall® and Ritalin®, accounted for a small proportion (2.4 percent) of treatment admissions in the first half of 2012; this proportion was similar to CY 2011 levels.

Methamphetamine remained prevalent and of major concern to law enforcement agencies in the Los Angeles County region. For January–June 2012, the percentage of AOD primary treatment admissions for methamphetamine (16 percent) remained stable from CY 2011 levels. One in four (25 percent) NFLIS drug reports among analyzed drug items were for methamphetamine; this was an increase from CY 2011 levels (when methamphetamine accounted for 22 percent of all reports), ranking it second among types of substances reported (after marijuana/cannabis). Retail prices for methamphetamine were stable in the second quarter of 2012 from 2011 and early 2012 levels, but wholesale prices declined from 2011 levels. While illicit drugs constituted a small portion (12 percent) of drug reports in relevant poison control system cases for Los Angeles County, methamphetamine was ranked first among illicit drugs in CY 2012 (with 3.1 percent of total drug reports); this was a slight increase over 2.8 percent in 2011.

Marijuana was reported as the primary drug for 26 percent of Los Angeles County primary treatment admissions in the first half of 2012, an increase from 24 percent in CY 2011. More than one-half (59 percent) of marijuana admissions were for adolescents younger than 18. Marijuana/cannabis was identified in 36 percent of reports among drug items analyzed by NFLIS laboratories in the first half of 2012; this was a slight decrease from CY 2011 (when such reports constituted 37 percent of the total). Marijuana was ranked second among illicit drugs reported in the poison control system (3 percent), a proportion similar to 2011.

MDMA (3,4-methylenedioxymethamphetamine) primary treatment admissions remained at a very low level (0.2 percent), but they showed a decrease from 0.6 percent in CY 2011. MDMA accounted for 0.7 percent of drug reports from items analyzed by NFLIS laboratories in Los Angeles County; this was a decrease from 1.8 percent in CY 2011.

Other Drugs: While still at very low levels, emerging synthetic drugs, including substituted cathinones, piperazines (e.g., **BZP** [1-benzylpiperazine] and **TFMPP** [1-3-(trifluoromethylphenyl) piperazine]), **tryptamines** (e.g., "Foxy methoxy"), and cannabimimetics showed increases in January–June 2012 NFLIS drug reports over CY 2011 levels. **Substituted cathinones** and **cannabimimetics** were also appearing in Poison Control system reports at low levels, but they increased in CY 2012 over CY 2011.

Emerging Patterns: Patterns were mostly increasing for methamphetamine and for emerging synthetic drugs across multiple indicators. Most indicators were declining for cocaine and MDMA; they were stable for heroin, other opioids, and benzodiazepines; and indicators were mixed for marijuana/cannabis.

Data Sources: *Treatment data* were provided by Los Angeles County Department of Public Health, Alcohol, and Drug Program Administration (tables produced by California Department of Alcohol and Drug Programs) from CalOMS (California Outcome Monitoring System). CalOMS is a statewide client-based data collection and outcomes measurement system for AOD prevention and treatment services. Submission of admission/discharge information for all clients is required of all counties and their subcontracted AOD providers, all direct contract providers receiving public AOD funding, and all private-pay licensed narcotic treatment providers.

Data for this report include admissions in Los Angeles County for January–June 2012. **Forensic laboratory data** were provided by NFLIS, Drug Enforcement Administration, for January–June 2012, representing reports of drugs (primary, secondary, or tertiary) from analyzed items. **Drug price data** were derived from reports from the Los Angeles County Regional Criminal Information Clearinghouse (LA CLEAR) (provided by J. Valle). The prices included in this report reflect the best estimates of the analysts in the Research and Analysis Unit at LA CLEAR, as available for the "Second Quarter Report 2012," based primarily on field reports, interviews with law enforcement agencies throughout the Los Angeles High Intensity Drug Trafficking Area, and post-seizure analysis. **Poison Control System data** were provided by the California Poison Control System for CY 2012 and represent reports of illicit drugs and of all drugs in cases with "intentional/suspected suicide, misuse, abuse, unknown," "contamination/tampering," or "malicious" reasons.

Drug Abuse Patterns and Trends in Maine—Update: January 2013

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Overview of Findings: This report updates Maine drug abuse indicators for the 2012 reporting period. **The increasing importance (methodologically and physiologically) of drug combinations, particularly those involving pharmaceutical opioids, was the most significant finding for this reporting period.** During the last decade, illicit drug abuse has been dwarfed by a growing problem with pharmaceuticals in Maine, usually in combination with other pharmaceuticals; this trend continued into 2012. Pharmaceuticals were first in volume among deaths, arrests, law enforcement seizures, impaired driver toxicology, and treatment admissions. Heroin and cocaine indicators had been in decline in recent reporting periods, but during 2012, there were increases across most heroin-related indicators. Abuse of narcotic analgesics continued as the most pervasive of Maine drug abuse problems in 2012, but opioid-caused deaths appeared to be at a plateau and were possibly declining. Problems that emerged in 2011 due to the abuse of synthetic (substituted) cathinones marketed as "bath salts" continued to expand, with a large range of different chemicals involved, frequently purchased over the Internet for local resale.

Updated Drug Abuse Trends and Emerging Patterns

Cocaine levels and trends in 2012 were mixed. Deaths from cocaine in the first half of 2012 constituted 7 percent of all drug-induced deaths in Maine; this proportion was relatively stable since 2008. The proportion of cocaine arrests decreased substantially, from 46 percent of drug arrests in 2007 to 16 percent in 2012. Although cocaine represented the largest single category of drug items tested in Maine's forensic laboratory, the proportion declined from 40 percent in 2010 to 28 percent in 2012⁶. Levamisole was present in 47 percent of items containing cocaine in 2011, but this proportion dropped sharply to 13 percent in 2012. Primary cocaine treatment admissions constituted only 3 percent of total admissions in the first half of 2012. The proportion of clients who reported smoking as a main route of administration increased from 28 percent in 2010 to 56 percent in the first half of 2012, with a decline in injecting to 12 percent. During 2009, cocaine was present in 7 percent of impaired driver urinalyses; this rate gradually increased to 12 percent in 2012.

⁶Numbers and proportions of drug items seized and analyzed in Maine by forensic laboratories will differ in this report from those shown in appendix table 2, where numbers and percentages shown were provided by the National Forensic Laboratory Information System for the first half of 2012.

Heroin abuse remained a serious problem in the State of Maine, but most heroin indicators showed relatively low levels. Heroin/morphine drug-induced deaths declined to 4 percent in early 2010, but they increased to 14 percent during the first half of 2012. Cases with evidence of pharmaceutical morphine have been removed from the heroin/morphine count. The number of arrests for heroin, which had been stable for several years, increased from 40 arrests in 2010 (5 percent of all drug arrests) to 63 in 2012 (11 percent of drug arrests). Heroin items seized by law enforcement and identified by the State forensic laboratory increased slightly, from 9 percent in 2010 to 11 percent in 2012. Similarly, heroin/morphine was present in 11 percent of impaired driver urinalyses. Primary heroin/morphine treatment admissions for 2012 constituted 9 percent of all admissions. Compared with the general heroin admission treatment population, clients who began abuse within the 24 months prior to admission were more likely to be female (69 versus 46 percent) and between the ages of 18 and 25 (60 percent versus 31 percent for age 26–34).

Prescription narcotics misuse and abuse indicators remained first among drug types in this reporting period. Primary treatment admissions continued to increase, and pharmacy robberies doubled statewide (robbers were specifically demanding oxycodone). In response, pharmacies have instituted increased security measures. During both 2011 and 2012, deaths attributed to narcotic analgesics declined slightly. Methadone and oxycodone continued to cause the highest proportions of drug-induced deaths, at 20 and 28 percent respectively; these were often found in combination with other drugs. However, methadone has been declining steadily since 2004. In 2012, 60 percent of impaired driver urinalyses revealed the presence of pharmaceutical opioids, and these were nearly always in combination with benzodiazepines and other drugs. Pharmaceutical narcotic arrests remained high, constituting 40 percent of drug arrests in 2012. Oxycodone, buprenorphine, and hydrocodone were among the top 10 drugs identified in seizures. Primary opiate/opioids treatment admissions constituted 35 percent of total admissions in the first half of 2012.

Benzodiazepines continued to play a substantial role in Maine drug problems, usually as co-intoxicants with narcotics. They were present in combination with one or more narcotics in 61 percent of 2012 impaired driver urinalyses; this was an increase from 28 percent in 2009. However, benzodiazepine-induced deaths, also frequently found as narcotic co-intoxicants, decreased from a peak of 34 percent in 2010 to 24 percent in the first half of 2012.

Methamphetamine indicators were rising, but numbers remained small. Methamphetamine represented 6 percent of drug arrests in 2012. Laboratory incidents increased in early 2012, but they declined May through December.

Marijuana indicators were stable. Marijuana drug arrests declined with the legalization of medical marijuana, from 23 percent in 2010 to 17 percent in 2012. Drug items seized and identified as marijuana/cannabis remained stable at 9 percent of total items in 2012. Among impaired drivers tested for drugs, 36 percent of urinalyses were positive for THC (tetrahydrocannabinol, the active ingredient in marijuana). Proportions of primary marijuana treatment admissions have been at a plateau of 9 percent of total admissions since 2009.

MDMA (3,4-methylenedioxymethamphetamine) indicators were stable or decreasing in this reporting period, representing very small numbers. MDMA represented only 1 percent of all drug arrests in 2012 and only 3 percent of primary treatment admissions.

Emerging issues included an increase in the abuse and variety of synthetic (substituted) cathinones, particularly alpha-PVP (alpha-pyrrolidinophentiophenone), MDPV (3,4-methylenedioxypyrovalerone), and mephedrone. Although poison control center calls were down from 2011 levels, police departments reported high levels of abuse. Among impaired drivers tested, 6 percent of

urinalyses revealed alpha-PVP and MDPV, along with many co-intoxicants. Synthetic (substituted) cathinones constituted 13 percent of items tested by the State laboratory in 2012, and the Maine Drug Enforcement Agency seized 4.1 kilograms of these products in 2012. The Maine Drug Enforcement Agency reports that these chemicals are purchased over the Internet for about \$40 per gram and sold locally for about \$150 per gram. No confirmed deaths have occurred, but the State Medical Examiner explains that toxicology reports do not reveal concentration amounts, making assessment difficult. Alpha-PVP was the substituted cathinone most commonly found in decedent toxicology in 2012.

Data Sources: Data sources updated in this report for the 2012 reporting period include the following sources. **Treatment admissions data** for January–June 2012 were provided by the Maine State Office of Substance Abuse, including all admissions for programs receiving State funding. These totals include admissions for shelter and detoxification, as well as opiate replacement therapy. Beginning with calendar year 2010 data analysis, alcohol has been included in the denominator, and percentages were retrospectively recalculated back to 2000. **Forensic laboratory data** through calendar year 2012 were provided by the Maine State Health and Environmental Testing Laboratory, which tests samples seized statewide and reports these results to the National Forensic Laboratory Information System. The Health and Environmental Testing Laboratory also provided **urine test data for impaired drivers** through calendar year 2012; these were compared with data since 2006. **Arrest data** for calendar year 2012 were provided by the Maine Drug Enforcement Agency, which directs eight multijurisdictional task forces covering the State, generating approximately 60 percent of all Uniform Crime Report (UCR) drug-related offenses statewide. Data for 2012 were compared with previous calendar years since 2003. The statewide total for pharmacy robberies for 2008–2012 was provided by the Maine Department of Public Safety. **Mortality data** for January–June 2012 were provided by the Office of Chief Medical Examiner; annualized comparisons were done from 1997 onward. That office investigates all suspected overdose cases statewide, including complete forensic testing (screening and quantification) for a broad panel of abused and therapeutic drugs. **Calls to the Northern New England Poison Center** for synthetic cathinones (substituted cathinones sometimes marketed as “bath salts”) were reported through 2012.

Drug Abuse Patterns and Trends in Miami-Dade and Broward Counties, South Florida—Update: January 2013

James N. Hall

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Overview of Findings: The most important drug trends in the Miami-Dade and Broward Counties/South Florida area in the first half of 2012 were an increase in heroin indicators and a shift in the distribution of synthetic cathinones (“bath salts”) from stores to illicit street markets.

Updated Drug Abuse Trends and Emerging Patterns

Cocaine: The decline of cocaine indicators since 2007 continued but slowed across the State of Florida and in Miami-Dade and Broward Counties during the most recent reporting periods. Cocaine-related deaths declined by 7 percent in Miami-Dade County and by 9 percent in Broward County from 2010 to 2011. Cocaine was considered the cause of death in 56 percent of the 115 Broward County deaths in which the drug was detected and in 27 percent of the 184 such deaths in Miami-Dade County. At least one other drug was also found present in all cocaine-related deaths in both counties. Cocaine was the most prevalent illicit drug detected in 2010 Drug Abuse Warning Network (DAWN) emergency department (ED) reports, with 5,702 (or 71 percent of the total)

nonalcohol illicit drug reports in Miami-Dade and 4,081 (or 60 percent of the total) illicit reports in Broward and Palm Beach Counties. These cocaine reports represented a 12-percent decrease in Miami-Dade County and a 9-percent decrease in the Ft. Lauderdale Division of DAWN compared with the previous year. Total primary cocaine treatment admissions for both counties declined by 44 percent from 2009 to 2012, and by 19 percent from 2011 to 2012. Cocaine crime laboratory reports accounted for 48.9 percent of all reports among drug items analyzed by National Forensic Laboratory Information System (NFLIS) laboratories for Miami-Dade, Broward, and Palm Beach Counties during the first half of 2012.

Heroin: Efforts to control the supply and nonmedical use of prescription opioids have led to an increase in heroin use and problems during recent months across Florida. With fewer diverted prescription opioids available, addicts have turned to heroin as the cheaper opiate. The first signs of this shift may be seen in the increases for primary heroin addiction treatment during the first half of 2012. There was a 36-percent increase in such cases in Miami-Dade County and a 87-percent increase in Broward County from 2011 to 2012, based on projections from the 154 cases in Miami-Dade County and 158 in Broward County during the first 6 months of 2012. The relative low number of heroin-related deaths decreased in both Miami-Dade and Broward Counties from 2010 to 2011 but increased by 7 percent statewide, with the most significant rises in Palm Beach County and the Orlando area.

Prescription Opioids and Benzodiazepines: Florida's Prescription Drug Monitoring Program became operational in autumn 2011, and various other public health and legal regulations have also taken effect in Florida. As a result, enforcement activities substantially reduced the diversion of prescription opioids and benzodiazepines. These supply-side strategies have started to make non-medical prescription medications far more expensive and difficult to obtain. In 2011, 5,489 persons died in Florida with 1 or more prescription drug detected; this represented a 3-percent decrease compared with the previous year. In Miami-Dade County, the number of prescription drug-related deaths decreased by 13 percent, from 359 to 312. Broward County tied with Hillsborough County (Tampa) for the highest number of such deaths in the State, with 431 decedents each; this represented an 8-percent decrease compared with 2010 in Broward and a nearly 8-percent increase in Tampa. There were 6,333 occurrences of prescription opioids detected among decedents in Florida during 2011; this represented a 3-percent decrease from 2010. Included in that total were 2,128 occurrences of oxycodone (e.g., OxyContin®, Roxicodone®, and Percocet®), which represented an 11-percent decrease from 2010. Buprenorphine (e.g., Subutex® and Suboxone®) Medical Examiner (ME) reports accounted for the greatest increase of opioid-related occurrences. The relatively few 27 cases in 2011 represented a 69-percent increase from 2010. The second greatest increase in prescription opioid-related ME reports occurred with Tramadol (e.g., Ultram® and Ultracet®), with 379 occurrences, or a 38-percent increase over the number for 2010. There were 621 primary prescription opioid treatment admissions in Broward County during the first half of 2012 and 115 in Miami-Dade County; the Broward County admissions represented a 35-percent reduction from the second half of 2011 and the Miami-Dade admissions represented a 42-percent reduction over the same period. Injection drug use was the route of administration for 57 percent of the Broward County prescription opioid treatment clients and 23 percent of those in Miami-Dade County. The 5,949 reports of a benzodiazepine present in deceased persons across Florida in 2011 represented a 4-percent decrease compared with 2010. These included 1,879 alprazolam (e.g., Xanax®) occurrences, 905 for nordiazepam (e.g., Nordaz®), and 891 for diazepam (e.g., Valium®). Over the same 2-year period, total alprazolam occurrences decreased by 14 percent, while those for nordiazepam increased by 19 percent, and diazepam occurrences declined by 2 percent. In Miami-Dade County, alprazolam occurrences totaled 114 in 2011; this was an 8-percent decrease. Alprazolam occurrences totaled 199 in 2011 in Broward County; this was 15-percent decrease.

Methamphetamine: Consequences of methamphetamine abuse remained very low and stable in both Miami-Dade and Broward Counties. However, problematic methamphetamine abuse among some local and tourist sexually active gay males was reported by counselors and therapists.

Marijuana: There were more primary treatment admissions for marijuana in both Miami-Dade and Broward Counties in the first half of 2012 than for any other drug, including alcohol. Sixty-two percent of the marijuana treatment clients were juveniles younger than 18. Past-30-day use of marijuana rose from 15.3 to 19.0 percent from 2010 to 2012 among Broward County high school students and from 13.6 to 17.8 percent among those in Miami-Dade County. More Florida high school students reported riding with a driver in the past 30 days who had been using marijuana (25.4 percent) than one who had been drinking alcohol (21.4 percent). Likewise, more reported driving in the past month after using marijuana (11.2 percent) than after drinking alcohol (8.1 percent).

Other Drugs: Statewide, there were 517 poison control center exposure cases for **synthetic cannabinoids (cannabimimetics)** in 2011 and 537 in 2012, including 82 in Miami-Dade and Broward Counties. More than two-thirds of these 2012 poison exposure calls were in the first half of the year. There were 76 drug reports among drug items analyzed by NFLIS laboratories identified as **MDMA** (3,4-methylenedioxymethamphetamine) or ecstasy and 50 reports identified as **BZP** (1-benzylpiperazine) in the three southeastern Florida counties during the first half of 2012. Capsules sold as “Mollys” were reported to be pure MDMA, but 94 items tested by the Broward County’s Sheriff’s Office Crime Laboratory between March and October 2012 contained bk-3,4 methylenedioxymethcathinone or **methyone** instead of MDMA. Miami-Dade County had 276 methyone crime laboratory cases in 2012 sold as “Mollys” in clear capsules. Retail sales of cannabimimetics and cathinimimetics (substituted cathinones known as “bath salts”) have been banned by successful local municipal and county ordinances in 2012, causing a shift in their distribution from stores to illicit street sales. This shift was a critical development in the drug market in the South Florida area.

HIV/AIDS Update: Injection drug use accounted for 15.4 percent of the 33,669 cumulative acquired immune deficiency syndrome (AIDS) cases in Miami-Dade County as of December 2012, and the dual category of injection drug users and men who have sex with other men accounted for an additional 3.9 percent.

Data Sources: *Drug-related death data* are from the Florida Medical Examiners Commission 2011 Report on Drugs Identified in Deceased Persons by Florida Medical Examiners, from the Florida Department of Law Enforcement, released August 2011. *Data on drug-related ED reports* are from the Substance Abuse and Mental Health Services Administration 2010 DAWN Report released in October 2012. *Treatment data* by primary drug of admission for the first half of 2012 are from the Florida Department of Children and Families (FL-DCF) for all publicly funded treatment programs. *Crime laboratory data* were provided for the Miami/Fort Lauderdale/Pompano Beach Metropolitan Statistical Area by NFLIS, Drug Enforcement Administration, for January–June 2012. *Poison exposure call data* for emerging synthetic drugs are from the Florida Poison Information Center–Miami. *School survey data* are from the 2012 Florida Youth Substance Abuse Survey by the FL-DCF released January 2013. Reports of **HIV/AIDS** related to injection drug use are from the Miami-Dade County Health Department.

Drug Abuse Trends in Minneapolis and St. Paul, Minnesota: January 2013 Update

Carol L. Falkowski

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Overview of Findings: In the Minneapolis/St. Paul area, the most important finding was the continued elevated levels of heroin/other opiate treatment admissions, which combined accounted for one out of five treatment admissions, second only to admissions for alcohol.

Heroin-related admissions to treatment continued to rise in the Twin Cities in 2012, while admissions related to other opiates fell somewhat. Heroin accounted for a record-high 12.5 percent of all admissions to addiction treatment in the first half of 2012, compared with 10.7 percent in 2011. Other opiates (mostly prescription painkillers) accounted for 9.0 percent of all treatment admissions in the first half of 2012, compared with 9.5 percent in 2011. Combining these, 21.5 percent of all treatment admissions in the first half of 2012 were for opiate addiction; this proportion was second only to admissions for alcohol. At the same time, indicators related to the treatment of marijuana, methamphetamine, and cocaine addiction remained stable. Concern over the use of emerging synthetic substances that are consumed for their stimulant and hallucinogenic drug-like effects continued in 2012. Reported exposures to the Hennepin Regional Poison Center for cannabimimetic THC (tetrahydrocannabinol, the main active ingredient in marijuana) homologs (“synthetic THC” sold as incense) increased from 28 in 2010, to 149 in 2011, and to 157 in 2012. Reported exposures to the 2C-E phenethylamine and its analogues (sold as “research chemicals”) numbered 10 in 2010, 23 in 2011, and 24 in 2012. Reported exposures to synthetic cathinone compounds (sold as “bath salts”) increased from 5 exposures in 2010, to 144 in 2011, and then decreased to 87 in 2012.

Updated Drug Abuse Trends and Emerging Patterns

Cocaine-related treatment admissions remained stable in the first half of 2012, accounting for 5.8 percent of total admissions, compared with 5.2 percent in 2011; this proportion, however, was markedly lower than in earlier years. Most cocaine admissions (73.7 percent) were for crack cocaine; most clients (71.6 percent) were age 35 or older; and 49.8 percent were African-American. Cocaine was noted as a primary, secondary, or tertiary drug in 17.2 percent of the total 4,123 drug reports among drug items seized by law enforcement and analyzed by the National Forensic Laboratory Information System (NFLIS) in the first half of 2012 in the Twin Cities.

Heroin and Other Opiates: Treatment admissions related to heroin and other opiates have steadily increased in the Twin Cities in recent years. Heroin accounted for a record-high 12.5 percent of all admissions to addiction treatment in the first half of 2012, compared with 10.7 percent in 2011. Other opiates (mostly prescription painkillers) accounted for 9.0 percent of all treatment admissions in the first half of 2012, compared with 9.5 percent in 2011. Combining these, 21.5 percent of all treatment admissions in the first half of 2012 were for opiate addiction; this proportion was second only to admissions for alcohol. By comparison, in 2000, opiates accounted for 4.7 percent of total treatment admissions (3.3 percent were for heroin, and 1.4 percent were for other opiates). Of clients admitted for other opiates in the first half of 2012, almost one-half (47.9 percent) were female; 79.6 percent were White; 29.1 percent were age 18–25; and oral was the primary route of administration for 62.9 percent. Clients age 17 and younger accounted for 3.1 percent of these admissions. Of clients admitted for heroin, 34.4 percent were female; 65.4 percent were White; 41.3 were age 18–25; and 59.5 reported injection as the primary route of administration. Statewide addiction treatment admission data for 2007–2011 showed higher percentages of heroin admissions among metropolitan residents (compared with nonmetropolitan residents), and higher percentages of admissions for other opiates among nonmetropolitan residents (compared with metropolitan residents). Heroin was identified in 9.2 percent of drug reports among drug items seized by law enforcement and analyzed by NFLIS laboratories in the first half of 2012 in the Twin Cities. Comparing per capita sales of prescription painkillers in 2010 in Minnesota with those in other States, the Minnesota rate was 4.2 kilograms per 10,000 population, compared with a high of 12.6 in Florida, and an overall U.S. rate of 7.1. There were regional variations throughout Minnesota concerning the per capita sales of prescription painkillers as well. For painkillers overall, the greatest increase in population-based

sales rates from 2005 to 2011 occurred along the North Dakota border, in central Minnesota, and in parts of Hennepin and Ramsey Counties.

Marijuana was reported as the primary substance problem by 16.8 percent of total treatment admissions in the Twin Cities in the first half of 2012, compared with 16.6 percent in 2011. Nearly one-third of these clients (32.9 percent) were younger than 18; another 36.8 percent were age 18–25; and only 12.9 percent were age 35 or older. Most marijuana treatment clients were male (78.4 percent). Marijuana was identified in 21.1 percent of drug reports from drug items seized by law enforcement and analyzed by NFLIS laboratories in the first half of 2012; this was the largest percentage of any drug category.

Methamphetamine treatment admissions have been relatively stable over the past few years, and they accounted for 6.9 percent of total treatment admissions in the first half of 2012, compared with 6.4 percent in 2011. Among these admissions, 82.2 percent were White; smoking was the most common route of administration (66.9 percent); and 75.5 percent were age 26 or older. Methamphetamine was identified in 19.8 percent of drug reports among drug items seized by law enforcement and analyzed by NFLIS laboratories in the first half of 2012 in the Twin Cities.

BZP, MDMA, and LSD: The chemical compound BZP (1-benzylpiperazine) was identified in 2 percent of drug reports from drug items seized by law enforcement and analyzed by NFLIS laboratories in the first half of 2012. BZP is abused for its amphetamine-like effects. Nineteen exposures to MDMA (3,4-methylenedioxymethamphetamine), or ecstasy, were reported to the Hennepin Regional Poison Center in 2012, compared with 24 exposures in 2011 and 26 in 2010. Exposures to LSD (lysergic acid diethylamide) reported to the Hennepin Regional Poison Center more than doubled from 15 in 2011 to 37 in 2012.

Other Drugs: The use of cannabimimetic substances, known as **synthetic cannabinoids** or synthetic THC, continued to create heightened concern throughout Minnesota in 2012. “Synthetic cannabinoids” are a large family of synthetically produced cannabinoid compounds that are similar to THC. Known as “K2,” “Spice,” and other brand names, the herbal mixtures are sold as incense, yet when smoked, they mimic the effects derived from using plant marijuana. These substances are sold online and in “head shops.” The Hennepin Regional Poison Center documented 28 exposures to THC homologs in 2010, 149 exposures in 2011, and 157 in 2012. NFLIS identified 40 reports among analyzed drug items involving cannabimimetics in the first half of 2012 in the Twin Cities.

2C family phenethylamines, especially 2C-E (2,5-dimethoxy-4-ethylphenethylamine), 2C-B (4-bromo-2,5-dimethoxyphenethylamine), and 2C-I (2,5-dimethoxy-4-iodophenethylamine), are consumed for their stimulant and hallucinogenic effects. These chemical mixtures are typically sold online as “research chemicals” that are “not intended for human consumption.” They were identified by State and local forensic laboratories in 32 States in 2010, and they became well known locally in the Twin Cities area when they were recreationally consumed by a group of young people in suburban Blaine, Minnesota, in March 2011. All of the young people involved were hospitalized, and one 19-year-old male died. Exposures to 2C-E and related analogues reported to the Hennepin Regional Poison Center numbered 10 in 2010, 23 in 2011, and 24 in 2012. 2C phenethylamines were identified in eight reports among drug items seized by law enforcement and analyzed by NFLIS laboratories in the first half of 2012.

Substances sold as “bath salts” often contain **substituted cathinones**, which are synthetically produced, concentrated versions of the chemicals found in khat. These include MDPV (3,4-methylenedioxypyrovalerone), mephedrone, and methylone. Adverse consequences related to the

consumption of these so-called bath salts dramatically escalated in the Twin Cities in 2011 and then declined in 2012. There were 5 exposures for substituted cathinones reported to the Hennepin Regional Poison Center in 2010, 144 exposures in 2011, and 87 in 2012. These substances are snorted, smoked, or injected for the psychoactive stimulant-like and hallucinogenic effects, and they are typically sold online or in head shops under brand names such as “Cloud 9,” “Ivory Wave,” “Pure Ivory,” “Ocean Burst,” “Purple Rain,” and “Vanilla Sky.” Some substituted synthetic cathinone products are also marketed as plant food, plant fertilizer, insect repellent, or vacuum fresheners. Synthetic cathinones were identified in 41 of the 4,123 drug reports from drug items seized by law enforcement and analyzed by NFLIS laboratories in the first half of 2012 in the Twin Cities.

Alcohol: Fewer than one-half (46.5 percent) of admissions to addiction treatment programs in the first half of 2012 were for **alcohol**, compared with 49.2 percent in 2011.

Data Sources: *Addiction treatment data* regarding clients admitted to addiction treatment programs in the five-county Twin Cities metropolitan area are from the Drug and Alcohol Abuse Normative Evaluation System (DAANES) of the Minnesota Department of Human Services (January–June 2012). **Poison control center data** on drug exposures are from the Hennepin Regional Poison Center, Hennepin County Medical Center, Minneapolis, as reported on the American Association of Poison Control Centers, National Poison Data System (through December 2012). **Crime laboratory data** are from NFLIS, U.S. Drug Enforcement Administration (DEA), and include primary, secondary, and tertiary drug reports identified from items seized by law enforcement in the seven-county Twin Cities metropolitan area and analyzed by NFLIS laboratories (January–June 2012). Data from the St. Paul Police Department Laboratory are excluded after May 2012. **Prescription drug sales data** are from the Automation of Reports and Consolidated Orders System (ARCOS), DEA, which tracks the sale of prescription drugs by manufacturers and distributors to pharmacies, clinics, and hospitals in each 3-digit ZIP Code™ area of the country. Minnesota ARCOS data were obtained, compiled by ZIP Code™, and mapped by the St. Paul Pioneer Press and are used with permission.

Drug Abuse Patterns and Trends in New York City—Update: January 2013

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Overview of Findings: Cocaine remained a major problem in New York City, but cocaine indicators were mixed for this reporting period. New York City is considered the most important heroin market and distribution center in the country, and New York City heroin indicators were mixed. Marijuana indicators were at a high level, and most were stable or decreasing. More clients in treatment had a primary, secondary, or tertiary problem with marijuana than with any other drug. Although prescription drug use remained low compared with the use of other substances, many kinds of prescription drugs were available on the street. In particular, prescription opiates/opioids as well as benzodiazepines showed substantial increases. Most methamphetamine indicators in New York City remained low, although Drug Abuse Warning Network (DAWN) emergency department (ED) data showed significant increases. Most indicators for other drugs remained low, but PCP (phenylcyclidine) and ketamine were among the top 10 drug reports identified among drug items analyzed by National Forensic Laboratory Information System (NFLIS) laboratories, and DAWN ED data showed increases for both PCP and ketamine visits between 2009 and 2010.

Updated Drug Abuse Trends and Emerging Patterns

Cocaine indicators were mixed in this reporting period, with some remaining stable and some decreasing. Primary cocaine treatment admissions decreased to the lowest number in more than two decades, but many clients in treatment had a primary, secondary, or tertiary problem with cocaine. There were more NFLIS drug reports identified as cocaine among analyzed drug items than for any other drug. DAWN ED visits for cocaine remained stable compared with the most recent year but showed a significant increase since 2004.

Heroin remained a major problem in New York City. Treatment admissions for heroin were stable, constituting almost one-quarter of all primary treatment admissions. Among primary heroin treatment admissions, the percentage of injectors increased to 44 percent. Ten percent of NFLIS drug reports among analyzed drug items were identified as heroin. DAWN ED visits involving heroin showed a significant decrease between 2009 and 2010.

Marijuana indicators remained at a high level. Marijuana primary treatment admissions were stable and represented 25 percent of all treatment admissions. More clients in treatment had a primary, secondary, or tertiary problem with marijuana than with any other drug. More than one-third of drug reports among drug items analyzed by NFLIS laboratories were identified as marijuana.

Methamphetamine indicators remained low. Treatment admissions involving marijuana and NFLIS drug reports among analyzed drug items identified as methamphetamine were all at very low levels. Nevertheless, DAWN ED visits for methamphetamine showed significant increases from 2004 to 2010 and from 2008 to 2010.

MDMA indicators were stable during this reporting period. NFLIS data on drugs reports showed that MDMA remained 13th among all drug reports from analyzed drug items in the first half of 2012. DAWN ED data were stable between 2009 and 2010, but the data showed increases from 2004 to 2010 and from 2008 to 2010.

Prescription drug indicators were low but increasing. There continued to be reports that pills were available and gaining in popularity. Treatment admissions for other opiates and benzodiazepines remained low, but both increased. Although prescription drugs represented only a small number of drug reports among drug items analyzed by NFLIS laboratories, the specific drugs that accounted for more than 150 reports each were oxycodone ($n=1,082$), alprazolam ($n=1,050$), buprenorphine ($n=346$), methadone ($n=336$), clonazepam ($n=281$), and hydrocodone ($n=176$).

Other Drugs: PCP and ketamine indicators both showed increases during this reporting period.

HIV/AIDS Update: Of the 111,949 New Yorkers living with human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS) as of June 30, 2011, men having sex with men (MSM) was the major transmission risk factor. Among the 1,749 new HIV diagnoses, only 4.2 percent had a transmission risk factor of injection drug use history. MSM, minority women, and young people continued to be heavily affected by HIV/AIDS.

Data Sources: *Treatment admissions data* were provided by New York State Office of Alcoholism and Substance Abuse Services for 1991 through the first half of 2012 and included both State-funded and nonfunded admissions. *Demographic data* were for the first half of 2012. *Forensic laboratory testing data* for New York City were provided by the Drug Enforcement Administration's (DEA)'s NFLIS for the first half of 2012. The data include New York Police Department laboratory data for the five boroughs of New York City, as well as data from New York State and DEA laboratories. **ED data** for calendar years 2004–2010 were derived from

*DAWN, 2010: Selected Tables of National Estimates of Drug-Related Emergency Department Visits: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2011 weighted data, based on a representative sample of hospitals in the five boroughs of New York City. **Pre-scripted drug data** for New York City were provided by Paone, D. and Bradley O'Brien, D., *Benzodiazepines in New York City: Misuse, Morbidity and Mortality*, New York City Department of Health and Mental Hygiene, Epi Data Brief, (18), September 2012. **AIDS and HIV data** were provided by the New York City Department of Health and Mental Hygiene, HIV Epidemiology and Field Services Program, including the "HIV Epidemiology and Field Services Semiannual Report, Vol. 7, No. 1," covering January 1, 2011–June 30, 2011.*

Drug Abuse Trends and Patterns in Philadelphia – Update: January 2013

Suet T. Lim, Ph.D.

Overview of Findings: This report updates data on drug abuse indicators for Philadelphia since the last CEWG report for this area in June 2012. **The most significant drug issue in the first half of 2012 in Philadelphia was that multiple drug combinations were becoming more common among decedents with drug detections.**

Updated Drug Abuse Trends and Emerging Patterns

The drugs/drug groups below are commented on in descending order of their impact in Philadelphia. Unless otherwise noted, data are for the first 6 months of 2012, compared with prior periods from their respective data sources.

Alcohol use continued to be high, and alcohol was the most frequently mentioned primary drug in treatment admissions data. Alcohol constituted 42 percent of all primary treatment admissions in the first half of 2012. It was also the most common primary drug among first-time admissions, at 42.5 percent. Deaths with the presence of alcohol in combination with other drugs ($n=122$) represented 26 percent of such deaths in the first half of 2012. If this pattern continues through the second half of 2012, alcohol-in-combination will rank third among the most frequently detected drugs in deaths. Marijuana and cocaine continued to be the most frequently mentioned secondary drug for alcohol treatment admissions. More than 37 percent of youths admitted to treatment in the first half of 2012 reported alcohol as their primary drug. Although this percentage was lower than 2011 (when the proportion of primary alcohol admissions for youth was 47.3 percent of total youth admissions), the proportion for the first 6 months of 2012 (37.3 percent) was consistent with the level observed starting in 2010 when the percent of alcohol primary mentions jumped from 5.7 to 69.8 percent. The use pattern described by youths in recent focus groups supports the need for alcohol abuse treatment.

Marijuana continued to rank first among positive tests among parolees tested for the first time by the Adult Probation and Parole Department (APPD). While marijuana's rank among primary treatment admissions moved from second to third for the first half of 2012, the percentage-point difference was less than 1.5 percent. Constituting 34.6 percent of all positive reports among drug items analyzed by National Forensic Laboratory Services (NFLIS) laboratories for Philadelphia, marijuana/cannabis ranked first among all drug reports. It continued to be popular as a "mixer" drug; "exotics" is local jargon for marijuana mixed with other drugs, including PCP (phencyclidine). Focus groups revealed a possibly emerging pattern of dipping marijuana in cough syrup.

Heroin remained a popular drug in Philadelphia, with an increase in the percentage of individuals seeking treatment primarily for heroin to 19.5 percent in the first half of 2012. Among Whites, both females and males, heroin remained the top drug among primary treatment admissions from 2011 to the first half of 2012. The proportion of deaths with morphine/heroin detected was 34 percent

in the first half of 2012, similar to 2011 (32.4 percent). The number of deaths with heroin detected as present was estimated to be 318 for 2012, compared with 320 in 2011. Heroin was expected to remain among the top drugs detected among Medical Examiner's Office cases. NFLIS data placed heroin third in the rank of number of positive reports for the first half of 2012. Cocaine use with heroin remained popular, as 32 percent of heroin treatment admissions reported cocaine as a secondary or tertiary drug.

Cocaine: While cocaine has consistently ranked fourth among all primary treatment admissions in the past few years, the drug appeared to be on a fast-moving trajectory to be the most frequently detected drug among decedents with drugs in their system. At the time of this report, decedents with cocaine were estimated to reach 356 for 2012; this represented a substantial increase from 264 deaths with cocaine detected in 2011. However, availability of cocaine, as measured by the proportion of reports among drug items analyzed by NFLIS laboratories, indicated a decrease for the first half of 2012. At 27.9 percent, cocaine retained a high rank among reports, but this percentage was a clear decline from previous levels, which ranged between 32.2 and 33.0 percent from 2009 to 2011. Treatment admissions by age showed an increasingly higher proportion of primary cocaine treatment admissions among older clients; 14.2 percent of clients 35 and older seeking treatment reported cocaine as their primary drug of choice, compared with 4.0 percent of clients age 18–25. Among probationers and parolees tested for the first time, 11.0 percent had a urinalysis positive result for cocaine; this proportion was similar to the previous 2 years.

Prescription Opioids: Abuse of prescription opioids continued to be detected in criminal justice and mortality data. Four prescription opioids—oxycodone, codeine, oxymorphone, and methadone—were included in the top 10 drugs detected among decedents. In the first half of 2012, three of these four drugs were detected at higher percentages than in 2011. Of the three, oxymorphone proportions were notable, as the percentage of 14 percent through June 2012 was more than three times the 4 percent detected in 2011 deaths. Two pharmaceutically produced opioids, down from 4 in 2011, ranked among the top 10 drugs reports from items analyzed in NFLIS laboratories for the first half of 2012. Oxycodone ranked 3rd among total reports, and hydrocodone ranked 10th.

Benzodiazepines appeared to be surpassing prescription opioids in several indicators. Alprazolam ranked fifth in NFLIS and mortality data, and the drug was also among the top five drugs detected in drug intoxication deaths. Focus group participants consistently identified Xanax® as the current most popular pill drug. Other benzodiazepines specifically detected in indicators included clonazepam (which was 9th among NFLIS drug reports) and diazepam (which was the 10th most frequently detected drug in deaths with the presence of drugs). More than 6 percent of probationers or parolees tested urinalysis positive for benzodiazepines in the first half of 2012.

PCP: Detected at low levels of use, PCP has been a constant in the Philadelphia drug use scene. Primary treatment admissions for PCP constituted 1.5 percent ($n=61$) of total admissions. However, more individuals reported PCP as a secondary or tertiary drug at admission ($n=147$). With 67 mentions, PCP was the most frequent secondary and tertiary drug for primary marijuana treatment admissions; this was an increase from 2011. The number of decedents with PCP appeared to be declining, as more PCP users sought treatment for use with other drugs.

Methamphetamine: Use of methamphetamine and other amphetamines has been very low historically in Philadelphia and remained low in the first half of 2012. Less than 1 percent of primary treatment admissions were for methamphetamine, and only 0.3 percent of probationers and parolees tested positive for the drug.

Other Drugs: The synthetic cannabinoid, AM-2201 (1-(5-fluoropentyl)-3-(1-naphthoyl)indole), ranked eighth among drug reports from items analyzed by NFLIS laboratories, accounting for 122 positive reports in the first half of 2012.

Drug Combinations: Of the 464 mortality cases identified as involving or showing or revealing the presence of drugs in Philadelphia in the first half of 2012, only 12 percent ($n=55$) had 1 drug positive identification in their system (77 percent of the decedents had 3 or more drug-positive identifications). The average number of drugs detected among deaths due to intoxication was 6.8 drugs.

Data Sources: *Treatment admissions data for the uninsured and or underinsured population were collected by the Philadelphia Department of Behavioral Health and Intellectual disAbility Services, Behavioral Health Special Initiative. Data on deaths with the presence of drugs were provided by Philadelphia Department of Public Health, Medical Examiner's Office. Forensic laboratory data came from NFLIS, Drug Enforcement Administration. Criminal justice data provided by the APPD consists of urinalysis results of first-time tests of individuals on probation or parole.*

Substance Abuse Indicators in Phoenix (Maricopa County) and Arizona—January 2013

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Overview of Findings: This report updates data on drug abuse indicators for the Phoenix area (Maricopa County) since the last reporting period in June 2012. After declining for several years and then plateauing in the beginning of 2011, cocaine-related hospital admissions began to decline again in the second half of 2011 and in the first half of 2012. In contrast, amphetamine-related hospital admissions increased in the second half of 2011 and the first half of 2012. Opioid indicators were mixed. Marijuana/cannabis indicators were generally stable. Mexican-produced white heroin has reportedly become available at the retail level. The median age of heroin/opioid-related hospital admissions increased, while that for methamphetamine-, cocaine-, and marijuana/cannabis-related admissions remained relatively stable.

Updated Drug Abuse Trends and Emerging Patterns

Methamphetamine: After declining slightly in the first half of 2011, amphetamine/methamphetamine-related hospital admissions increased slightly in the second half of 2011 and the first half of 2012. Poison control center exposure calls for amphetamines increased in the first and second halves of 2012. Although the median age of amphetamine-related hospital admissions generally increased during the 6-year 2005–2010 period, the median age remained relatively stable in 2011 and in the first half of 2012. Seizures of clandestine methamphetamine laboratories remained low; nine were seized in the first half of 2010, two were seized in the first half of 2011, and seven were seized in the first half of 2012.

Cocaine: After dropping sharply during the 2006 to 2008 time period and then plateauing out for more than 2 years, cocaine-related hospital admissions declined in the second half of 2011 and in the first half of 2012. Poison control center exposure calls for cocaine also decreased in the second half of 2012. After generally increasing during the 2005 to 2010 time period, the median age of cocaine-related hospital admissions remained relatively stable in 2011 and the first half of 2012.

Heroin: The numbers of poison control center exposure calls for heroin in the second half of 2012 were about the same as those in the second half of 2011.

Opioids/Other Opiates: Poison control center exposure calls for oxycodone in the second half of 2012 were down slightly compared with the second half of 2011. The median age of heroin/opioid-related hospital admissions increased, from 44 during 2011 to 47 in the first half of 2012. A rise during such a short time period is unusual.

Marijuana/Cannabis: Marijuana/cannabis-related hospital admissions declined slightly in the second half of 2011 and the first half of 2012. This is the first decline in marijuana/cannabis-related hospital admissions since 2007. The median age of marijuana/cannabis-related admissions has remained at approximately 30 years since the beginning of 2008. In the first half of 2012, the percentage of total drug treatment admissions related to marijuana/cannabis (23 percent) was about the same as the first half of 2012. Poison control center exposure calls for marijuana/cannabis in the second half of 2012 were down slightly compared with calls in the second half of 2011.

MDMA: Reports from drug items analyzed by National Forensic Laboratory Information System (NFLIS) laboratories identified as MDMA (3,4-methylenedioxymethamphetamine) were low in the first half of 2012.

Emerging Patterns Regarding Use: Seizures of black tar heroin, brown powder heroin, cinnamon colored heroin, and white heroin involving Mexican sources increased during this reporting period. Law enforcement intelligence indicated that the Sinaloa Cartel was trafficking "alleged Mexican white" heroin through Arizona along with "black tar" heroin. There appeared to be low demand for "Mexican white heroin" in the Arizona drug market, as black tar heroin remained the preferred type.

Data Sources: *Treatment data* came from the Arizona Department of Health Services (ADHS), Division of Behavioral Health Services. *Hospital admissions (inpatient) data* came from analyses conducted by the University of Arizona, Department of Family and Community Medicine, using hospital discharge records from the Arizona Hospital Discharge Data System operated by ADHS. *Poison control center exposure calls* were from Banner Health: Banner Good Samaritan Poison & Drug Information Center. *Law enforcement data, including clandestine laboratory seizure data*, were from the Drug Enforcement Administration (DEA). *Forensic drug analysis data* were from NFLIS, DEA.

Drug Abuse Patterns and Trends in St. Louis, Missouri—Update: January 2013

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Overview of Findings: During the first 6 months of 2012, heroin indicators in the St. Louis metropolitan area remained high. The consistently high levels for heroin indicators, relative to other drugs, was one of the most important drug issues in the St. Louis area in the first half of 2012. Anecdotal information indicated that heroin use and availability had stabilized, however, with a slight decrease in treatment admissions compared with the first 6 months of 2011. Heroin admissions surpassed the number of alcohol admissions. **Another significant issue in the region in the first half of 2012 was the continuing methamphetamine presence in rural areas.** Many of the indicators for the other major substances of abuse remained relatively stable or were trending downwards in the first half of 2012. Other drug categories have shown some decreases in

treatment admissions, deaths, and arrests. Cocaine indicators decreased for treatment admissions and cocaine-related deaths for St. Louis City and County during five 6-month reporting periods (death data for the first half of 2008 through the first half of 2012). Cocaine remained available in urban areas. Alcohol indicators for treatment decreased, and arrests remained stable. Amphetamines remained entrenched in St. Louis County and outlying counties at very low but observable levels. Newer combinations and herbal preparations, “bath salt” (substituted cathinones) and hallucinogen combinations, have continued to be altered and then sold in the St. Louis area. Prescription narcotic analgesics were reported to be available in the more rural areas of the St. Louis Metropolitan Statistical Area (MSA). The poor economy resulted in reduced State and local budgets, which may have an impact on several indicators of drug use, as well as treatment availability.

Updated Drug Abuse Trends and Emerging Patterns

Cocaine indicators decreased in the first half of 2012 from the first half of 2011. The number of primary cocaine treatment admissions decreased from 1,235 in the first half of 2008, to 825 in the first half of 2009, to 788 in the first half of 2010, to 643 in the first half of 2011, and to 482 in the first half of 2012. Cocaine remained the third most identified drug in the St. Louis region among reports from drug items seized and analyzed by National Forensic Laboratory Information System (NFLIS) laboratories, but cocaine represented only 9.8 percent of identified reports. While cocaine is identified as a major drug problem in the St. Louis area, recent concern about heroin abuse has taken attention from cocaine. Law enforcement officials reported a surge in availability of cocaine, with stability in prices and in purity. No change in past-30-day cocaine use (2.4 percent) was noted between the 2006 and 2010 Missouri School Surveys; 2011 results for Missouri were not available at the time of this report.

Heroin: The heroin market in the St. Louis region has grown and become more complex over the past few reporting periods. From the first half of 2008 through the first half of 2012, the proportion of primary heroin treatment admissions increased by 97 percent, increasing each reporting period; however, in the first half of 2012, a slight decrease (3 percent) was noted. Heroin surpassed total admissions for alcohol and marijuana abuse in the area. Two types of heroin were available—Mexican white heroin was primarily available, with some black tar also reported. Heroin Domestic Monitor Program analyses in 2010 reflected the growing, competitive heroin market in the St. Louis area, with decreasing purity in black tar heroin and increasing purity in white heroin. Heroin remained available and of stable high purity. Deaths decreased in the city and county and in rural areas (from 32.4 percent in first half 2011 to 29.5 percent in first half of 2012). This stability is in contrast to reported availability for heroin and reports from rural law enforcement about continuing usage. Community forums and media events have been held around the region to address the young heroin user problem. Heroin represented 13.1 percent of drug reports identified among drug items analyzed in NFLIS laboratories in the first half of 2012.

Other Opiates/Opioids: The available indicators for other opiates/opioids remained stable during this reporting period. While the actual number of primary treatment admissions was relatively low ($n=212$ in the first half of 2012, $n=200$ in the first half of 2011, $n=205$ in the first half of 2010, and $n=157$ in the first half of 2009), there was still reason for concern, as anecdotal information indicated that abuse of narcotic analgesics was on the rise in the region. No centralized prescription monitoring is yet available in Missouri. Fentanyl cases continued to appear in death data in St. Louis County and in surrounding Jefferson, St. Charles, and Franklin Counties (however, it continued to be at low levels). There were multiple reports from key informants about increases in prescription drug use.

Methamphetamine indicators appeared to be mixed. The numbers of primary methamphetamine treatment admissions decreased in the St. Louis region from the first half of 2008 ($n=173$) to the

first half of 2009 ($n=141$), increased in the first half of 2010 ($n=210$), and decreased again in the first half of 2011 ($n=177$), but they showed a small increase in the first half of 2012 ($n=210$). While clandestine methamphetamine laboratory seizures remained stable, and there was strong support in many areas to control all amphetamine precursors, it is believed that the bulk of the available methamphetamine was being imported from Mexico. Law enforcement reports supported the increased availability of methamphetamine in the rural Midwest, and a few amphetamine deaths were noted in the rural medical examiner data in the first half of 2011 ($n=5$) and in the first half of 2012 ($n=9$). More creative ways of networking for the local “cooks” to gain access to the chemicals needed to make methamphetamine continued to emerge. Interestingly, the eastern half of the State remained relatively active in clandestine laboratory operations. Statewide, 1,571 clandestine laboratories were reported through October 2012, and 1,744 were reported through October 2011, compared with 1,453 clandestine laboratories in 2009 and 1,487 in 2008. There was little change in past-30-day methamphetamine use (2.8 versus 2.7 percent) noted in the Missouri School Survey from 2006 to 2010. Methamphetamine represented 8.6 percent of all drug reports among drug items seized and analyzed by NFLIS laboratories in the St. Louis MSA, and was ranked fourth among drugs in the top 10 drugs identified by NFLIS in the first half of 2012.

Marijuana treatment admissions, as a percentage of total admissions, were stable for years but decreased in the first half of 2012 (at 23.7 percent in 2008, 21.3 percent in 2009, 22.5 percent in 2010, 20.5 percent in 2011, and 16.7 percent in the first half of 2012). This decrease may be an artifact of the capped number of available slots. Marijuana/cannabis was the most frequently identified substance among drug reports in drug items seized and analyzed in the first half of 2008 through the first half of 2011 in NFLIS laboratories in the St. Louis MSA and was again cited most frequently for the first half of 2012.

MDMA: There were key informant reports about increases in the continued use of MDMA (3, 4-methylenedioxymethamphetamine) in select populations. In the Missouri School Survey, past-30-day use of MDMA was reported by 2.2 percent of students in 2006, 2.5 percent in 2008, and 6.7 percent in 2010. No data were available for 2011.

Substituted Cathinones: Newer combinations and herbal preparations, “bath salt” (substituted cathinone) combinations, and hallucinogens such as 2C-I-NBOMe have continued to be altered and then sold in the St Louis area. While no deaths have been attributed to these drugs at present, media and law enforcement have issued alerts about their availability in the region.

Alcohol remained the primary drug of abuse for clients entering publicly funded treatment programs in Missouri. Primary alcohol treatment admissions showed increases through 2008, but they stabilized through the first half of 2011 and 2012. This was potentially an artifact of a system that has been heavily impacted by heroin and stimulant drugs. Alcohol was frequently indicated as a secondary drug of abuse. The 2010 Missouri School Survey showed only a slight increase in past-30-day use among 6th and 12th graders from 2006 levels.

HIV/AIDS Update: Data available from the St. Louis City Health Department and the Missouri Department of Health and Senior Services for 2001–2011 show overall data on 5,308 human immunodeficiency virus (HIV) disease cases in the St Louis area, with 11,358 HIV disease cases statewide. These data indicate that the risk factor of injection drug use (4–6 percent) did not play a major role in the transmission of HIV or acquired immunodeficiency syndrome (AIDS) in the St. Louis area. However, men having sex with men and heterosexual contact in minority populations were more prominent risk factors. The role of alcohol and other drug use among these populations was a key factor.

Emerging Patterns: Indicators for many substances appeared to be stable or even decreasing. However, the increase in a number of opiate abuse indicators remained cause for concern and continued monitoring. A synthesis of all data sources leads to the conclusion that the heroin problem in St. Louis was leveling off at a high level of availability, which makes prevention and intervention more complex. The market has become more diverse, and potent drugs have become more available to a wider range of users, including those living in rural areas where there are fewer resources to intervene. The most recent additions to amphetamine-based products were substituted cathinone products, and newer, potent hallucinogens have media and enforcement attempting to identify the level of availability of these products. Although these “bath salts” (substituted cathinones) have been banned in many localities, the substances have emerged in other minor altered forms or in local stores. These new drugs will be followed by poison control centers and toxicologists.

Data Sources: *Analysis of drug trends for the St. Louis region requires multiple data sources; a number of sources were used for this report. Missouri Treatment Episode Data Set admissions for the first 6 months of calendar years (CYs) 2008–2012 provided invaluable indicators for **treatment data**. The January–June 2012 NFLIS reports for the St. Louis Metropolitan Statistical Area (MSA) provided **forensic data** and offered a unique view of drug trends for a variety of substances. The Missouri Department of Health and Senior Services provided **HIV/AIDS data** for fiscal years 2006–2011, and the local St. Louis City Health Department provided measures of HIV/AIDS and other data by risk factor that are helpful in understanding the role of injection drug use on health. Missouri School Survey data for 2006–2010 gave a glimpse of general **youth trends** in current and lifetime use of some of the major substances. Data from the National Monitoring of Adolescent Prescription Stimulant Study and the Prescription Drug Use, Misuse, and Depression Study conducted by the Washington University Epidemiology and Prevention Research program helped address an important knowledge gap on adolescent drug trends in the St. Louis area. **Death data** from the St. Louis City and County Medical Examiner for the first 6 months of CY 2008 through the first half of 2012 provided insight to the extent that drug use results in death, along with basic demographic data helpful to understanding emerging trends. Ongoing reports of **drug use, price, and purity data** from the Drug Enforcement Administration and the National Drug Intelligence Center are invaluable, as are the frequent formal written reports and anecdotal insight provided by the staff of these agencies.*

Drug Abuse Patterns and Trends in San Diego County—Update: January 2013

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Overview of Findings: The San Diego representative noted a critical upward trend in overdose deaths as the most important finding in that area for this reporting period. For the past several years, the numbers of deaths involving heroin/morphine and deaths involving amphetamine have been gradually increasing. In 2011, there were roughly equivalent numbers of overdose deaths involving heroin/morphine (118) and amphetamine (119). In the first half of 2012, the increasing trend continued for deaths involving heroin/morphine deaths, with 65 deaths recorded. Deaths involving amphetamine were slightly lower in the first half of 2012, with 57 deaths recorded. Methamphetamine indicators have been in decline for several years, but similar to the January–June reporting period in 2011 there was an increase in the proportion of National Forensic Laboratory Information System (NFLIS) drug reports identified as methamphetamine among analyzed drug items compared with 2011. In the first half of 2012, heroin indicators were mixed, with an apparent leveling off of primary treatment admissions, and a slight increase in the overdose death rate and proportion of drug reports among drug items analyzed by NFLIS laboratories. There was a

slight decrease in the prevalence of heroin-positive test results among arrestees in 2011, compared with 2010. Cocaine indicators have been in decline since 2007, and although some indicators suggested a leveling off of this decline, low levels persisted in the first half of 2012. Marijuana indicators appeared to be mostly stable or down in the first half of 2012. No change was observed in treatment admissions for marijuana or adult arrestee prevalence, although prevalence among juveniles increased to 51 percent in 2011 compared with 43 percent in 2010. Few changes were observed in indicators for prescription opiates/opioids (narcotic analgesics), although a slight increase in the proportion of primary treatment admissions was observed in the first half of 2012. Indicators of MDMA (3,4-methylenedioxymethamphetamine)/ecstasy use continued to be low, but self-reported use among juvenile arrestees increased in 2011.

Updated Drug Abuse Trends and Emerging Patterns

Heroin: In the first half of 2012, heroin indicators appeared to be mixed, with some signs of stabilization, after observed increases in 2011. The proportion of primary heroin treatment admissions was stable at 22 percent of total admissions in the first half of 2012 compared with the first half of 2011. The rate of overdose deaths involving heroin/morphine increased slightly from 3.7 per 100,000 population to 4.1 per 100,000, continuing a gradually increasing trend since 2010. Prevalence of arrestee heroin use, as measured by positive urinalysis test results in a random sample of male, female, and juvenile arrestees, was down in all subgroups in calendar year (CY) 2011 compared with 2010, decreasing from 10 to 9 percent among adults and from 5 to 2 percent among juveniles. Primary, secondary, and tertiary reports among drug items analyzed in NFLIS laboratories identified as heroin were up very slightly in the first half of 2012 compared with CY 2011 (representing 9 percent of the total in the first half of 2012 versus 7 percent in CY 2011). Heroin prices were largely stable, with the exception of a slight decrease in the price of 1 gram, from \$85–\$100 per gram in July 2011 to \$50–\$90 per gram in July 2012.

Cocaine/crack indicators have been on the decline in San Diego for the past several years, although in 2011 this decline started to show signs of leveling that continued into the first half of 2012. Prevalence of arrestee cocaine use, based on positive urinalyses, was stable at 6 percent among males in the first half of both 2011 and 2010, compared with 7 percent in 2009 and 11 percent in 2007. Cocaine prevalence among females declined to 7 percent in 2011, compared with 11 percent in 2010. Among juvenile arrestees, cocaine prevalence was 2 percent in 2011 compared with 1 percent in 2010 and 2009 and 3 percent in 2007. The proportion of primary cocaine treatment admissions was stable, representing 4 percent of total admissions for the second half-year period in a row, compared with 5 percent of total admissions in the first half of 2010. Twelve percent of primary, secondary, and tertiary drug reports from drug items analyzed in NFLIS laboratories in the first half of 2012 tested positive for cocaine, compared with 11 percent in CY 2011. Cocaine ranked third among all drug reports identified in analyzed drug items for San Diego County. The price of cocaine was mostly down in July 2012, with the most evident decrease in the price of 1 gram. The price of 0.2 grams of crack was reported to decline from \$30 in July 2011 to \$20–25 in July 2012; this was a continuation of the price decrease observed in the previous year (when the price was \$30 in July 2011 versus \$80 in July 2010).

Methamphetamine: Indicators of methamphetamine use/abuse were mixed in the first half of 2012. Since 2007, the proportion of primary treatment admissions for methamphetamine has been declining gradually. The proportion of primary methamphetamine treatment admissions was 25 percent in the first half of 2012, compared with 29 percent of total admissions in the first half of 2011. Among arrestees in 2011, the prevalence of methamphetamine positive urinalysis test results increased among adult females, was stable among adult males, and was down substantially among juveniles. The number and rate of overdose deaths involving amphetamine have risen since 2008 (2.6 per

100,000 population in 2008 compared with 3.7 per 100,000 in 2011), although the rate appeared to be stabilizing in the first half of 2012, at 3.62 per 100,000. The number of overdose deaths involving amphetamine was roughly comparable to the number of overdose deaths involving heroin/morphine in 2011 (119 amphetamine-involved deaths compared with 118 heroin/morphine-involved deaths), although in the first half of 2012, there were 57 amphetamine-involved deaths and 65 heroin/morphine-involved deaths. Methamphetamine continued to rank first among drug reports from drug items analyzed in NFLIS laboratories. In the first half of 2012, reports identified as methamphetamine accounted for 38 percent of primary, secondary, and tertiary reports, compared with 32 percent for CY 2011. Street prices for methamphetamine appeared to decrease for large quantities in July 2012 compared with July 2011.

Marijuana indicators were fairly stable or down in the first half of 2012, although an increase was observed among juvenile arrestee positive urinalyses. Primary marijuana treatment admissions were stable at 19.6 percent of all admissions from the first half of 2012, compared with 18.8 percent in the first half of 2011. Marijuana use prevalence among adult male and female arrestees in 2011 was relatively stable at 39 and 31 percent, respectively, compared with 39 percent for males and 29 percent for females in 2010. In contrast, the prevalence of positive tests for marijuana among juvenile arrestees returned to the 2009 level of 51 percent, after a decrease in 2010 to 43 percent. The proportion of drug reports identified as marijuana among drug items analyzed by NFLIS laboratories decreased, with marijuana accounting for 19 percent of all primary, secondary, and tertiary reports in the first half of 2012, compared with 29 percent in 2011.

Prescription opiates/opioids: Treatment admissions for prescription opiates/opioids (narcotic analgesics) remained low in the first half of 2012, although a slight increase was observed compared with the first half of 2011, from 4.0 to 4.8 percent of total admissions.

MDMA: As in previous years, MDMA/ecstasy indicators were low. MDMA accounted for less than 1 percent of all treatment admissions in the first half of 2012. Prevalence of self-reported lifetime use of MDMA was stable among adult arrestees at 27 percent in CY 2011; self-reported lifetime use increased, however, among juveniles, from 40 percent in 2010 to 47 percent in 2011.

Data Sources: *Arrestee data* were from the San Diego Association of Governments' Substance Abuse Monitoring program, a regional continuation of the Federal Arrestee Drug Abuse Monitoring program that was discontinued in 2003. This report presents data for calendar year 2011, for both adult (n=776) and juvenile (n=124) arrestees. *Forensic laboratory data* were from NFLIS, Drug Enforcement Administration. There were 6,769 primary, secondary, and tertiary reports provided by Federal, State, and local forensic laboratories between January and June 2012. *Treatment data* came from the San Diego Department of Alcohol and Drug Programs (ADP). Tables were produced for the San Diego ADP by the California Department of ADP using the California Outcomes Measurement System (CalOMS). CalOMS is a statewide client-based data collection and outcomes measurement system for alcohol and other drug (AOD) prevention and treatment services. Submission of admission/discharge information for all clients is required of all counties and their subcontracted AOD providers, all direct contract providers receiving public AOD funding, and all private-pay licensed narcotic treatment providers. Data for this report include admissions in San Diego County for the period January–June 2012. Note that CalOMS was implemented in early 2006, replacing the earlier California Alcohol and Drug Data System (CADDs) system. Therefore, data reported for periods prior to July 2006 may not be comparable to more recent periods. *Mortality data* were obtained from the Emergency Medical Services Medical Examiner Database, which is maintained by the County of San Diego Health and Human Services Agency. This report contains preliminary data on overdoses from January to June 2012. *Street drug price data* for July 2012 came from the San Diego Law Enforcement Coordination Center Street Drug Price List.

Drug Abuse Patterns and Trends in the San Francisco Bay Area—Update: January 2013

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Overview of Findings: The economic picture improved across the State of California, with all counties reporting decreased rates of unemployment from November 2011 to November 2012. In San Francisco specifically, unemployment dropped 1.2 percent, from 7.9 to 6.7 percent, led by investments from the technology sector. The Governor's tax initiative was approved in the November election, and in January 2013, a balanced budget was announced. Alcohol indicators remained high but showed some signs of decline; cocaine indicators were mixed with some continued declines and some gains; heroin indicators declined; and indicators for opiates other than heroin continued to show some increased levels. Methamphetamine indicators were mixed. Several marijuana indicators showed declines, but there were also increases in some indicators. MDMA (3,4-methylenedioxymethamphetamine) showed some small gains. The numbers of drug reports among drug items seized and analyzed by National Forensic Laboratory Information System (NFLIS) laboratories in the San Francisco area identified as cocaine and heroin showed some gains, but methamphetamine and marijuana remained the most commonly identified reports. Diligent correction of data errors resulting from the transition to a new data collection system in San Francisco at the start of fiscal year (FY) 2010–2011 provided updated and reliable treatment admissions and service data and demographics.

Updated Drug Abuse Trends and Emerging Patterns

Cocaine: Treatment admissions for cocaine continued to decline in the city of San Francisco and across the five bay area counties in FY 2011–2012. While cocaine fell behind heroin to rank third in San Francisco and fourth in the bay area among treatment admissions, cocaine ranked as the most common primary drug problem among African-Americans, and as the second most common among females and clients age 45–60. Among drug reports from items seized and analyzed by NFLIS laboratories, cocaine rose slightly in the five San Francisco Metropolitan Statistical Area counties in the first half of 2012, to 18.4 percent of total reports; this was an increase from 16.3 percent in 2011. Reports involving cocaine in San Francisco emergency department (ED) Drug Abuse Warning Network (DAWN) estimates also increased, and were second only to those for alcohol. Increasing numbers of youth in San Francisco reported ever using cocaine (7.1 percent in 2011, compared with 4.7 percent in 2005 and 5.3 percent in 2009), according to the Youth Risk Behavior Survey (YRBS).

Heroin remained the most frequently reported primary drug for clients receiving treatment services in San Francisco in FY 2011–2012. Heroin showed a slight increase in San Francisco admissions, although treatment admissions in the bay area continued the decline that began in 2007. There were also significant decreases from 2004 (by 49 percent) and 2008 (by 23 percent) to 2010 in heroin-involved ED rates reported by DAWN. Heroin-related deaths reported by the medical examiner demonstrated a dramatic drop from the mid-1990s. According to the California Electronic Death Registration System (EDRS), heroin-related deaths decreased to just 8 deaths in recent years, while there were 261 deaths involving any opiates during the same period. Heroin showed a slight increase in the proportion of the drug reports among drug items seized and analyzed in the bay area in the first half of 2012; 5.2 percent of the total reports in the first half of 2012 were identified as

heroin; this represented an increase from 3.6 percent of the total in 2011. San Francisco youth were significantly more likely to report having ever used heroin than other U.S. high school youth, according to the YRBS 2011 survey, which also showed the percentages of youth reporting ever using heroin increasing significantly in San Francisco, from 2.3 percent in 2005 to 5.0 percent in 2011.

Other opiates showed increases in several indicators. Oxycodone and methadone showed slight increases, as a proportion of total reports among drug items seized and analyzed by NFLIS laboratories, from 2011 to the first half of 2012, while the proportion of hydrocodone reports decreased slightly. Long-term DAWN trends showed a 528-percent increase in ED reports for oxycodone from 2004 to 2010, a 248-percent increase for hydrocodone reports and hydrocodone combinations, and a 233-percent increase for morphine combinations in the same period. Other opiate treatment admissions continued to increase in San Francisco in FY 2011–2012, particularly among Whites and clients age 25–44.

Methamphetamine indicators were mixed; primary methamphetamine treatment admissions in San Francisco rose slightly, while bay area admissions declined. The proportion of drug reports identified as methamphetamine among drug items seized and analyzed by NFLIS laboratories declined from 34.2 percent in 2011 to 32.1 percent in the first half of 2012, but methamphetamine reports continued to account for the largest proportion of reports. DAWN showed increases in methamphetamine-involved reports of 82 percent from 2008 to 2010 and 56 percent when comparing 2009 ED reports to 2010. Lifetime methamphetamine use by youth in San Francisco was significantly higher in 2011 (at 5.3 percent) than in 2005 (3.7 percent); these proportions were higher than those for other youth in the Nation (at 3.8 percent).

Marijuana indicators were mixed. There was a slight increase in the proportion of drug reports identified as marijuana/cannabis among drug items seized and analyzed by NFLIS laboratories (from 20 percent in 2011 to 20.8 percent in the first half of 2012). The proportion of marijuana bay area treatment admissions declined slightly, while local San Francisco admissions increased. DAWN ED trends showed a long-term increase for marijuana from 2004 to 2010 (153 percent), from 2008 to 2010 (81 percent), and from 2009 to 2010 (44 percent). However, youth lifetime use (30.1 percent) and recent marijuana use (17.9 percent) were lower in San Francisco than in the United States as a whole (39.9 percent for lifetime use and 23.1 percent for past-30-day use).

Alcohol indicators remained high and relatively stable. Alcohol ranked first among treatment admissions in both San Francisco and bay area programs, although these numbers continued to decline. The groups most likely to list alcohol as their primary drug problem were males, Whites, and adults age 24–60. Youth alcohol use declined across several dimensions, according to the YRBS, and San Francisco alcohol use variables were consistently lower than those for other U.S. youth.

MDMA: The proportion of drug reports identified as MDMA among items seized and analyzed by NFLIS laboratories continued to decline, from 2.3 percent in 2011 to 1.0 percent in the first half of 2012. However, DAWN ED reports involving MDMA showed a significant 90-percent increase from 2004 to 2010. Lifetime MDMA use among youth in San Francisco increased from 2009 (at 8.6 percent) to 2011 (at 12.1 percent), and San Francisco youth were more likely to have ever used MDMA than other U.S. youth (8.2 percent).

Unknown Drugs accounted for 2.4 percent of reports among drug items seized and analyzed by NFLIS laboratories in the first half of 2012, and notes from the field suggest new combinations of drugs may be increasing.

Data Sources: *Treatment admissions data* were available for all five San Francisco Bay Area counties for FYs 2007–2012 and were provided by the California Department of Alcohol and Drug Programs using the CalOMS (California Outcome Monitoring System) system. Treatment admissions, demographics, and episode data for FYs before 2010–2012 were provided for San Francisco through the San Francisco Community Behavioral Health Service (CBHS) Billing Information System and by CBHS Avatar, the billing system software, for subsequent years. DAWN, Substance Abuse and Mental Health Services Administration, provided metropolitan estimates of drug-involved ED Visits: San Francisco - San Francisco Division, 2004–2010. **Reports of drugs from items seized and analyzed** were provided by NFLIS for 2009–2012. **Heroin-related deaths** were compiled from data in the San Francisco Medical Examiner's Office reports obtained at www.sfgsa.org, as well as data from the California EDRS. The San Francisco DOPE (Drug Overdose Prevention Education) Project provided data on **overdose reversals** and naloxone distribution. **Youth data** were obtained from the Centers for Disease Control and Prevention (CDC)'s YRBS survey estimates for San Francisco for 2005, 2009, and 2011, available at <http://apps.nccd.cdc.gov/youthonline/App/Results.aspx>.

Drug Abuse Patterns and Trends in Seattle, Washington—Update: January 2013

Caleb Banta-Green, T. Ron Jackson, Robyn Smith, Michael Hanrahan, Pat Knox, John Ohta, Mary Taylor, Steve Freng, and Richard Harruff

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Overview of Findings: Overall, the 6 months of data reported for the first half of 2012 were inadequate for trend analyses due to the short period of time and relatively small numbers. However, of note were the continuing declines in cocaine, increases in heroin, and the presence of illicitly manufactured and sold fentanyl.

Updated Drug Abuse Trends and Emerging Patterns

Cocaine: In the first half of 2012, cocaine treatment admissions and cocaine-involved drug overdose deaths had declined noticeably from the prior 3–4 years. Cocaine was the sixth most common drug mentioned by callers to the Helpline. Levamisole, a potentially dangerous adulterant, continued to be detected in many samples of cocaine.

Heroin was the most common drug mentioned by Helpline callers and detected in law enforcement evidence. Other indications of increases in use and consequences due to heroin included treatment admissions, particularly among young adults. Heroin-involved overdose deaths have also increased slowly, but steadily over the prior 18 months. Additionally, anecdotes from treatment and other service providers continued to mention young heroin users who initiated with pharmaceutical opioids across the Seattle area and the State.

Prescription-type opioids appeared to level off, although they continued to be the most common drug type identified in drug-involved deaths. Treatment admissions for prescription-type opioids declined somewhat. Illicitly manufactured fentanyl has been identified in multiple law enforcement cases in the Seattle area, but it was not positively identified in deaths. Given the high potency of

fentanyl, and the fact that it has been identified in powder form (not tableted by a legitimate manufacturer), there was concern about possible overdose risks.

Benzodiazepines continued to be a major drug used in combination with other drugs; benzodiazepines were almost always identified in combination with other substances in deaths.

Methamphetamine: Treatment and mortality data indicated that methamphetamine continued to be a problem; law enforcement reported that most methamphetamine in the Seattle area was from Mexico and had high purity.

Marijuana use was prevalent, and treatment admissions with marijuana as the primary drug of abuse continued at high levels.

Other drugs, including hallucinogens, other stimulants, synthetic cannabinoid agonists (cannabinimimetics such as “Spice” or “K2”), and synthetic (substituted) cathinones (e.g., “bath salts”) were all mentioned frequently anecdotally and identified at low levels in law enforcement evidence.

Data Sources: *Fatal drug overdose data* were obtained from the King County Medical Examiner, Public Health—Seattle & King County for the first half of 2012. *Data on drug reports from items seized and submitted for analysis* were obtained from NFLIS, Drug Enforcement Administration, for January–June 2012; these are reports of drugs with up to three per sample reportable. Drug testing results for law enforcement seizures in King County were reported by the county where the drug was seized. Observations of a chemist in the Seattle crime laboratory are included. *Drug treatment data* were provided by Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse, Treatment Report and Generation Tool, from 1999 through June 2012. Treatment modalities included outpatient, intensive inpatient, recovery house, long-term residential, and opiate substitution admissions. Department of Corrections and private-pay admissions were included. *Recovery Helpline data* for May–November 2012 are included.

Substance Abuse Trends in Texas, A Mid-Year Macro-Overview—January 2013

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Updated Drug Abuse Trends and Emerging Patterns

Six-month data updates are not adequate to identify many substance abuse trends in Texas due to changing data systems. Therefore, this report provides a different view of the patterns of use that can affect drug trends in Texas.

Alcohol: Binge drinking among adolescent females remains a serious problem in Texas. The Texas secondary school survey reports that the percentage of adolescent males who normally consume five or more drinks at a time has decreased by 12 percentage points since 2000, but this percentage dropped by only 6 points for adolescent females, from 32 percent in 2000 to 20 percent in 2012. The proportion of high school seniors who had driven while high from drugs now exceeds the number reporting driving while drunk.

Heroin indicators appeared to be stable or possibly increasing in 2011, based on heroin drug-involved death data, and in 2012, based on poison control center calls related to heroin. There were

continuing reports of white heroin manufactured in Mexico described as having a “cardboard” color. The numbers of heroin and **other opioid** treatment admissions were increasing; the age of heroin decedents continued to drop; and the sociodemographic characteristics of users of heroin, nonprescription methadone, and other opioids and synthetics were becoming more similar.

Cocaine indicators continued to decrease, with data on the increased volume of cocaine being shipping to Europe demonstrating part of the supply situation.

Benzodiazepines: Alprazolam continued to be the most prevalent benzodiazepine in terms of reports identified as alprazolam among drug items analyzed by National Forensic Laboratory Information System (NFLIS) laboratories and numbers of Treatment Episode Data Set (TEDS) treatment admissions for alprazolam.

Methamphetamine: The potency and purity of methamphetamine made using the P2P (phenyl-2-propanone) process in Mexico continued to increase, with potency (ratio of d-isomers to l-isomers) now above 80 percent. This has implications not only for increasing treatment admissions, but for more impaired users.

Marijuana indicators continued to be level. Marijuana use increased among Texas secondary students after the introduction of cigars and blunt wraps as tools for smoking marijuana in 1993. In 2012, the levels of past-month marijuana use among African-American students continued to be higher than in 1990, while past-month marijuana use had declined to the 1990 levels for both White and Hispanic students.

Other Drugs: Calls to Texas poison control centers about synthetic cannabinoids (cannabimimetics) and synthetic (substituted) cathinones continued to be reported, although use of these substances has been banned. A comparison of the NFLIS data for these substances shows that toxicologists are constantly creating new and improved techniques to identify these substances. The numbers of these substances that were reported to NFLIS in July 2012 doubled by December 2012, as old unidentified specimens were reexamined and reports updated. In addition, the number of different formulae used to make these drugs is changing, with more variations each year and some disappearing and new ones appearing. Drug-facilitated assaults continue, and additional research is needed to determine the role of Xyrem®, the prescription version of GHB (gamma hydroxybutyrate), in the spread of these assaults. Dextromethorphan continued to be a drug abused by students in grades 8–10.

Data Sources: *Data on student alcohol and other drug use* came from 2012 Texas Secondary School Survey. *Mortality data* through 2011 came from the Texas Department of State Health Services (DSHS). *Poison control center cases* through December 31, 2012, were received from the Texas Poison Center Network, DSHS. *Treatment admissions data* were provided by the Texas DSHS and TEDS, Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. *Forensic laboratory data* were reported by NFLIS, Drug Enforcement Administration (DEA), for the first half of 2012. *Intelligence reports* for the first half of 2012 came from the Dallas, El Paso, and Houston DEA Field Divisions. *Methamphetamine data* came from the DEA's Methamphetamine Profiling Program through the third quarter of 2012.

INTERNATIONAL ABSTRACTS

Monitoring the Drug Situation in Canada

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Abstract

Monitoring the drug situation in Canada is based on analyses of Health Canada's data from many sources. These include the ongoing general population survey, the Canadian Alcohol and Drug Use Monitoring Survey (CADUMS); a student survey, the Youth Smoking Survey (YSS); chemical analyses of exhibits from drug seizures (Drug Analysis Service [DAS]'s Laboratory Information Management System); and quantities of controlled substances based on requests for destruction captured in the Office of Controlled Substances' Controlled Drugs and Substances Database (CDSD). These data provide Health Canada with a fairly comprehensive picture of the drug situation in Canada. However, the standard caveats associated with surveys apply (e.g., potential underreporting, response rates, and cell phones), and the results of analyses of exhibit and destruction data may not reflect actual trends in illicit drug availability.

Cannabis continued to be the dominant illicit drug in Canada, both from self-reported past-year use and from laboratory analyses of exhibits from seized substances. Among the general population age 15 and older, reported past-year use of cannabis has declined since 2004 (when the proportion was 14.1 percent), with a statistically significant decrease measured from 2010 (11 percent) to 2011 (9 percent). In 2011, approximately 1 percent of Canadians reported using one of the following illicit drugs: cocaine/crack cocaine, speed, hallucinogens (including salvia), and ecstasy.

The vast majority of exhibits analyzed from substances seized by police and border services are cannabis, followed by cocaine (cocaine and crack cocaine). The number of exhibits containing cannabis remained stable from 2010 to 2011. The number of exhibits containing cocaine declined over time since 2007. The number of exhibits containing methamphetamine has increased every year since 2005, while those containing ecstasy decreased by 38 percent in 2011, compared with 2010. The number of exhibits containing prescription opioids more than doubled from 2005 to 2011. In 2011, there was a large increase in the number of exhibits containing heroin compared with 2010. The number of exhibits containing hallucinogens decreased in 2011, after remaining stable from 2008 to 2010.

For the first half of 2012, compared with the same period of 2011, there were fewer exhibits of cannabis, ecstasy, and hallucinogens, while increases were seen in the number of exhibits of cocaine, methamphetamine, and heroin. There was no difference in the number of exhibits of prescription opioids.

In 2012, Health Canada continued to monitor emerging substances, either through surveys (e.g., dextromethorphan), exhibit analyses (e.g., 2C family phenethylamines, tryptamines, MDPV [3,4-methylenedioxypyrovalerone]), or through both methods (synthetic cannabinoids, salvia, BZP [1-benzylpiperazine], TFMP [1-3-(trifluoromethylphenyl)piperazine], and mephedrone). Results

from the laboratory analyses of seized substances show that the number of exhibits containing BZP and/or TFMPP has increased over time, with the largest number of exhibits ($n=2,679$) containing these substances recorded in 2011. Of note, BZP and TFMPP were added to the Schedule III of the *Controlled Drugs and Substances Act* in July 2012.

For the first half of 2012, the number of exhibits analyzed containing 2C phenethylamine drugs and those containing MDPV had already exceeded the number of exhibits analyzed in any of the previous years. There was also an increase in the number of exhibits containing BZP and/or TFMPP for the first half of 2012, compared with the same period in 2011. There were one-half as many exhibits containing synthetic cannabinoids ($n=25$) for the first 6 months of 2012 as there were for the same period of time in 2011.

Drug Use in México: New Data From Household Surveys and Treatment Centers

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Abstract

Background: According to the 2010 Census, México has a population of just over 112 million people, with a similar proportion of males and females. Nearly 77 percent of the population lives in urban areas, and this proportion is higher (85 percent) in the northern border States. Life expectancy at the national level is age 71 for males and 77 for females. Chihuahua and Baja California, on the United States-México border, have life expectancies below this average. Each State on the northern border has a per capita income above the national average of \$13,220 per year; Nuevo Leon has a per capita income that is almost double the national figure. For comparison, the per capita income in the United States is \$46,000 per year.

In México in 2008, the prevalence of annual drug use in the population age 12–65 was 1.6 percent, which placed the country among those with a low drug consumption level. As for specific drugs, results from different studies conducted between 2002 and 2008 showed that the nonmedical use of prescription drugs remained stable. Marijuana consumption increased, and it was the first drug of choice. Cocaine use in the general population doubled from 2001 to 2008. Methamphetamine use had a low prevalence in the general population, and the heroin use prevalence rate was low and occurred mainly in the State of Chihuahua. In México City, the prevalence of inhalants had shown the highest increase among males and females, especially among the school population. However, in some States along the northern border, methamphetamine was the primary substance of abuse, as reported by treatment centers (in the States of Baja California, Sonora, and Sinaloa). Treatment centers on the United States-Mexico border also reported high heroin use prevalence, with a large proportion reporting injection as the preferred route of administration, resulting in high risks for the spread of acquired immune deficiency syndrome (AIDS) and hepatitis B and C.

2011 National Addiction Household Survey: The National Addiction Household Survey is performed periodically in order to measure the development of substance use and other mental health problems. School population surveys have also been conducted in different States of the country. In México City, measurements in this school population are held every 3 years. The specific aims of the 2011 national household survey were to estimate drug, alcohol, and tobacco prevalence at a national level and for eight regions of the country; to assess trends in drug use, alcohol and tobacco

by comparing results with previous surveys; and to identify population groups at risk in relation to the consumption of drugs, alcohol, and tobacco. The survey is representative at a national level and for eight regions of the country, and represents rural (2,500 or less inhabitants), urban (between 2,500 and 99,999 inhabitants), and metropolitan (100,000 or more inhabitants) areas. Localities where more than one-half of the population age 5 or older spoke only indigenous languages were excluded from the survey because the issue of addiction is considered very sensitive, making it difficult to use interpreters or substitute informants to obtain information. Sample units were selected in multiple stages, starting at localities, followed by blocks or segments, households, and finally, individuals within households. One adult age 18–65 and one adolescent age 12–17 were selected from each household. Random sampling in each of the two age groups carried out the selection.

Results of 2011 Household Survey: In the international context, México has one of the lower percentages of drug use in the continent. For instance, cocaine prevalence is 0.4 percent, just above Venezuela, Ecuador, the Dominican Republic, and the Bahamas. Similarly, ecstasy use in México is markedly below other countries. Analyzing trends in the 2011 household survey, substance use in México in the last year remained stable in the urban population. However, analyzing lifetime prevalence data, there were increases in cocaine and marijuana use in the entire population. Comparing the 2008 and 2011 survey results, an increase in illicit drug use in México occurred mainly in the western region of the country, where illicit drug use increased significantly, from 0.9 percent in 2008 to 1.5 percent in 2011. This increase was primarily due to an increase in marijuana use among males age 18–24.

In the border region of México, consumption of any illicit drug in the last month was higher in the Northwest (States of Baja California, Baja California Sur, Sonora, and Sinaloa), with 1.9 percent, followed by the Northeast (Tamaulipas, Nuevo Leon, and San Luis Potosi States), with 1.3 percent. Nationally, the United States' illicit drug use in the last month was 8.8 percent; this was 11 times higher than the overall 0.8 percent for México. In the region on the United States-Mexico border, this difference was only 5 times higher in the United States. For illicit drug dependence in the last year, the difference between the United States and México was only 2.5 times higher. Survey results for **marijuana** indicated that prevalence of use in the last year was higher in the Northwest region, which includes the States of Baja California, Baja California Sur, Sonora, and Sinaloa, at 2.3 percent, and the lowest use prevalence was in the North Central region (Chihuahua, Coahuila, and Durango States), at 1 percent. Analyzing the national rate, marijuana use in the last year in the United States was almost 10 times the last-year prevalence for México, although in the border regions this difference was lower. **Cocaine** rates were very similar in the three regions along the Northern Border, with a last-year prevalence of 1.0 percent, which was double the national prevalence. The national prevalence in the United States, at 1.6 percent, was 3 times higher than in México, but in the border region, it was only 2 times higher. The Northeast region of México had the highest prevalence of **binge drinking** in the last month, at 12.8 percent, and all regions on the northern border had prevalence rates above the national average of 5.4 percent. This indicator was 4 times higher in the United States (where it was 22.9 percent). For **alcohol dependence** in the past year, prevalence in the Northwest region of México was above the national level, at 6.8 percent; prevalence in the other two border regions was similar to the national average. This was the only indicator where México (6.2 percent) had a higher prevalence than the United States, where it was 3.2 percent.

Treatment Centers: Information gathered by the Epidemiological Surveillance System (SISVEA), collects data from Centers for Drug Treatment and Rehabilitation of Governmental (CIJ) and Non-governmental Organizations, Juvenile Detention Centers, Forensic Medical Services (SEMEFO), and hospital emergency services. Information about people attending treatment for the first time is obtained through a questionnaire that explores sociodemographic and drug use characteristics. In

the case of Forensic Medical Services, physicians fill out the questionnaire. SISVEA's main objective is to generate updated information on the epidemiological behavior of addictions for dissemination in the field of national and international health systems and for its use in prevention and health protection programs. The most recent data for users in treatment in México is from 2009 (data for 2010 and 2011 were about to be released at the time of this report). These data are compared with 2010 Treatment Episode Data Set data for the United States.

Based on treatment admissions data, proportions of **marijuana** as a primary substance of abuse were high in the States of Coahuila (at 17.8 percent) and Tamaulipas (at 16 percent), while the lowest prevalence was observed in Baja California (with 4.1 percent). In Texas, which borders both Mexican States, the prevalence reported was 26.6 percent. Coahuila, which borders Texas, was also the State with the highest rate for **cocaine** as a primary substance, at 21.3 percent. The highest percentages for methamphetamine as a primary drug were reported in the States of Baja California (with 38.5 percent) and Sonora (with 28.5 percent); there was a very low prevalence in the other border States. In the United States, there were also high proportions in California (which borders Baja California) and Arizona (which borders Sonora). For **heroin** as primary treatment substance, Baja California had the highest rate (36.2 percent), followed by Chihuahua (33.2 percent) and Sonora (with 23.5 percent); this represents a change from the previous survey period, when the highest rate was for the State of Chihuahua. In the United States, California was the United States-Mexico border State that showed the highest percentage for heroin as primary substance of abuse, with 16.2 percent. Although nationally, **alcohol** was the primary substance of abuse (with 41.7 percent), the Northern border presented a different pattern; there, heroin and crystal methamphetamine were the primary drugs for people in treatment.

Conclusions: The growth of drug use in México has been slow but steady over the past few years. Marijuana use in the country was increasing in the male population age 18–34. While methamphetamine use was high among users from Baja California and Sonora, its use was increasing in Baja California, Sur, and Sinaloa. In the general population, however, methamphetamine use remained low. On the national level, marijuana and alcohol were the most used drugs, and alcohol was the primary substance of abuse; there were, however, important regional variations. In the Northwest frontier, crystal methamphetamine was the primary substance of abuse; heroin was prevalent in Baja California and Chihuahua. Crack cocaine also had strong presence in this region. Inhalants continued to have high prevalence rates as a primary substance of abuse in the western and central regions, including México City. Along the border area with the United States, percentages were different, but the States in México showed substance abuse similarities with the American States across the border. Most of the substances had higher use rates in the United States, including alcohol, but prevalence rates for alcohol dependence were twice as high in México. This may be due to the absence of laws aimed to reduce problems associated with drunkenness episodes. Although alcohol sale is prohibited to minors in México, the lack of responsibility between society and government makes it difficult to supervise and regulate this law. In summary, there is an important link between the borders of both countries. México presents lower drug use prevalence rates, but faces violence and insecurity due to drug trafficking routes leading to the United States. From this perspective, there is still pending work to do together on important measures, such as constraining consumption, reduction of arm trafficking, and strengthening Mexican institutions for a better rule of law.

ADDITIONAL ABSTRACTS

Drug Enforcement Administration: Special Testing and Research Laboratory Update

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Abstract

This presentation updated attendees at the CEWG meeting on the ongoing work at the Drug Enforcement Administration's (DEA)'s Special Testing and Research Laboratory related to synthetic cannabinoids or cannabimimetics, substituted cathinones, and other recently encountered designer drugs. These substances are often considered to be “legal highs,” and are sold under the guise of being “bath salts,” incense, plant food, or other innocuous materials. The discussion included information on Federal and State controlling actions, along with some statistical results from the DEA's Operation Log Jam, the first-ever nationwide law enforcement action against the synthetic designer drug industry responsible for the production and sale of these substances. With Operation Log Jam, which was completed in July 2012, more than 90 individuals were arrested, and more than 5 million packets of finished designer synthetic drugs were seized, along with more than \$36 million in cash.

In addition, 4-methylamphetamine, substituted phenethylamines, and several substituted cathinones were discussed. Information from the DEA's Cocaine Signature Program and Methamphetamine Profiling Program were presented. Topics of interest included purity and potency trends, drug adulterant information, and other recent, related developments.

Prescription Opiate Abuse and the Prescription Monitoring Program in New Mexico

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Abstract

A report released in June 2012, by New Mexico's State Health Department found that the drug overdose death rate in New Mexico increased by more than 60 percent between 2001 and 2010. Public health officials in the State stated that the spike was being driven primarily by prescription opioids—painkillers such as oxycodone, morphine, and methadone—whose sales in the State increased by 131 percent during the same period. The report found that in New Mexico, the overdose death rate from prescription drugs now outstrips that from illegal drugs. New Mexico is ranked number one in the Nation in per-capital drug overdose deaths.

The State of New Mexico is taking several steps in response to the prescription drug abuse/overdose problem. In 2012, the legislature established the Prescription Drug Misuse and Overdose

Prevention and Pain Management Advisory Council. The Governor-appointed council will review the current status of prescription drug misuse and overdose prevention and current pain management practices in New Mexico, national prescription drug misuse and overdose prevention and pain management standards, and educational efforts for both consumers and professionals. The council will also recommend pain management and clinical guidelines. In addition, health care licensing boards have adopted rules for the use of opiate drugs in pain management. They have also set continuing education requirements in pain management for their licensees.

The New Mexico Board of Pharmacy implemented several changes in 2012 to address the prescription drug abuse and overdose problem. In May 2012, the Board upgraded the Prescription Monitoring Program (PMP). The program was converted from a manual processing system to an automated one. Patient reports are produced automatically and returned to the requestor within 4–5 seconds. The system is available 24 hours daily, 7 days a week. Board rules were amended to change the reporting period for controlled substance prescriptions by dispensers from every 30 days to every 7 days. In 2013, the Board intends to change this rule again and move to daily reporting. All dispensing practitioners and clinics must now report to the program, along with every pharmacy dispensing controlled substances to New Mexico residents.

The Board of Pharmacy also added the requirement that every practitioner in possession of a valid Drug Enforcement Administration registration must also register with the PMP. In September 2012, New Mexico became the 10th State with the ability to share PMP data with other State's PMP programs. Currently, Arizona is sharing data with New Mexico. Colorado will begin sharing capabilities by mid-2013. The Pharmacy Board added requirements for pharmacists to register with the PMP and obtain patient reports in defined situations.

Pharmacy Board staff in 2012 provided presentations to various groups and organizations on the PMP. These included Medical Board-approved continuing education programs in pain management, medical-professional conventions, accredited law enforcement trainings in drug diversion and forgery, and health care provider groups.

In 2013, the Pharmacy Board will pursue PMP connectivity with Health Information Exchanges and integration of the PMP into electronic health records systems. These systems will connect with the PMP automatically and retrieve the patient reports for review by the provider.

Taos Alive: Improving a Community in Pain

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Abstract

Prescription drug abuse has become a serious public health issue in the Taos community, as well as across the Nation. We have become well aware of the harmful effects of abusing prescription drugs, while the pharmaceutical industry spends millions of dollars on advertising their products. Our society has been led to believe that if we are in any kind of pain, that there is a quick “fix.” The Taos community, much like many others in this country, is a community in “pain”—physical, mental, emotional, and even spiritual pain. Because of this, the community has seen a large increase in drug-related deaths; most of these included prescription drugs. The drugs are easy to obtain,

easy to find, and easy to use. To address this complex problem, Taos Alive has mobilized the Taos County community. Law makers, hospital staff, private medical practices, government agencies, the Office of Medical Investigator, law enforcement, schools, treatment centers, emergency medical staff, the public defenders department, and tribal agencies were some of the groups that came together to address this issue.

Taos Alive is funded through a Drug Free Communities Grant under the Office of National Drug Control Policy to reduce substance abuse in Taos County through coalition work and environmental strategies. The community has seen first-hand the damage of prescription drug abuse from suicides, unintentional homicides, deaths, driving under the influence arrests, youth and adult overdoses, incarcerations, and vehicle fatalities.

Taos Alive began addressing the issue of prescription drug abuse in September 2011, by creating a Prescription Drug Abuse Sub-Committee of Taos Alive. The sub-committee's focus was to implement environmental strategies that directly affect local conditions that promote prescription drug abuse. Taos Alive conducted a community assessment, and the findings were then used during a strategic planning process to identify local conditions.

The Taos Alive sub-committee began implementing the identified strategies, which included participating and promoting the Drug Enforcement Administration (DEA)'s Prescription Drug Take Back Day program; purchasing and finding a location to house a permanent prescription drop box for safe disposal; purchasing prescription lock boxes that were distributed to high-risk individuals and local agencies; conducting school presentations at all Taos County high schools and senior centers; creating a one-third page informational pamphlet to be placed in all opiate prescriptions filled in Taos County and at other identified locations; creating local media public service announcements for radio, newspapers, and theaters; working with Holy Cross Hospital to create and enact Opiate Prescribing Guidelines and Pain Contracts with emergency department patients; increasing use of the Physician Monitoring Program by local providers; and working with the New Mexico Department of Health to provide Narcan® to high-risk opiate users. The Prescription Drug Abuse Subcommittee will also be providing a provider training via satellite television to Taos County providers at the local Veteran's Administration Clinic; will work to gain the support of the local Physician Hospital Organization to enact Opiate Prescribing Guidelines similar to those implemented in the hospital at local provider offices; and will conduct a non-DEA Prescription Drug Take Back Day where the collected prescriptions will be catalogued. Taos Alive and the Prescription Drug Abuse Sub-Committee efforts are attributed to the many community members who are dedicated to improving the health of the Taos community.

Appendices

Appendix 1. Data Sources Used in CEWG Update Briefs for January 2013: Caveats and Limitations

Data sources used by area representatives to update drug abuse indicators in 21 reporting CEWG areas are described below; caveats and data limitations are also discussed.

Treatment data were presented in several CEWG area reports. Area representatives included data for 19 CEWG metropolitan areas and 7 States: Colorado, Florida, Hawaii, Maine, Maryland, Michigan, and Texas. Data for some States are included in reporting with metropolitan data for comparison, including data for Colorado with Denver, Florida with the Miami-Dade and Broward Counties/South Florida area, Maryland with Baltimore City, and Michigan with Detroit. South Florida/Broward County data are included with South Florida/Miami-Dade County data for comparison. The latter two counties, with Palm Beach County, are part of the Miami Metropolitan Statistical Area (MSA).

Forensic laboratory data on drug seizures for a total of 25 CEWG sites were available for the first half of 2012 (January–June). Data were provided by the National Forensic Laboratory Information System (NFLIS), maintained by the Drug Enforcement Administration (DEA). The data presented are a combined count including primary, secondary, and tertiary reports for each drug item submitted. NFLIS is a program in the DEA Office of Diversion Control that systematically and continuously collects results from drug analyses of items received from drug seizures by law enforcement authorities. Drug analyses are conducted by Federal (DEA) forensic laboratories and participating State and local forensic laboratories. As of March 2012, in addition to the DEA laboratories, the NFLIS system included 48 State systems and 91 local or municipal laboratories/laboratory systems, representing a total of 288 individual laboratories. In 2011, approximately 1.7 million drug analysis records were reported to NFLIS. Data are entered daily based on seizure date and the county in which the seizure occurred. NFLIS provides detailed information on the prevalence and types of controlled substances secured in law enforcement operations and assists in identifying emerging drug problems and changes in drug availability and in monitoring illicit drug use and trafficking, including the diversion of legally manufactured drugs into illegal markets. A list of participating and reporting State and local forensic laboratories is included in Appendix B of the U.S. Drug Enforcement Administration, Office of Diversion Control report, *National Forensic Laboratory Information System: 2011 Annual Report* (Washington, DC: U.S. Drug Enforcement Administration)⁷. In most cases, data are for MSAs, rather than single metropolitan counties, but the exact geographic areas covered in this report are defined in appendix table 2. A map displaying NFLIS data for 2011 for 25 CEWG areas is included in section I as figure 1, while table 1 and a number of other figures and tables in section I (figures 3–10 and tables 4–7), along with appendix tables 2.1–2.26 and appendix tables 3.1–3.3, are provided to display the data on forensic laboratory drug reports identified from drug items for the reporting period across areas. Update briefs in section II also include NFLIS data for some CEWG areas.

Average price and purity data for heroin for 19 CEWG metropolitan areas in CY 2010 (the most recent period available) were provided by the DEA in the *2010 Heroin Domestic Monitor Program (HDMP) Drug Intelligence Report*. This report is prepared by the Domestic Strategic Intelligence Unit of the Special Strategic Intelligence Section and reflects analysis of program data through December 31, 2010. Drug price and purity data from this report, from local DEA Field Divisions or other local sources are included in update briefs for eight CEWG areas: Boston, Chicago, Cincinnati, Denver/Colorado, Los Angeles, St. Louis, San Diego, and Texas. Drug price and purity data from the DEA STRIDE program are displayed in figures 2A-C in section

⁷This report and other information about NFLIS can be found at <http://www.deadiversion.usdoj.gov/nflis/index.html>.

I. Drug prices and trafficking trends also came from the National Drug Intelligence Center (NDIC)'s report, *National Illicit Drug Prices—Mid Year 2009*. Data from this report are included in update briefs for Denver/Colorado and St. Louis.

Youth Risk Behavior Survey (YRBS) data from the YRBS online query system are reported for 2005, 2009, and 2011 for 19 CEWG areas and the United States. These data are displayed in tables 2, 2A, 3, and 3A and are described at <http://www.cdc.gov/healthyyouth/yrebs/index.htm>. The Youth Risk Behavior Surveillance System (YRBSS), under which the YRBS is conducted, monitors six types of health risk behaviors that contribute to the leading causes of death and disability among youth and young adults, including alcohol, tobacco, and other drug use. The YRBSS includes a national school-based survey conducted by the Centers for Disease Control and Prevention (CDC) and State, territorial, tribal, and local surveys conducted by State, territorial, and local education and health agencies and tribal governments.

DAWN (Drug Abuse Warning Network) Emergency Department (ED)⁸ Weighted Estimates for 12 CEWG areas for 2004 through 2010 were available on the DAWN Web site at: <http://www.samhsa.gov/data/dawn.aspx#DAWN%202010%20ED%20Excel%20Files%20%E2%80%93%20Metro%20Tables>, maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA). The data represent drug reports for drug-involved visits for illicit drugs (derived from the category of “major substances of abuse,” excluding alcohol) and the nonmedical use of selected pharmaceutical drugs. Nonmedical use of pharmaceuticals is use that involves taking a prescription or over-the-counter (OTC) pharmaceutical differently than prescribed or recommended, especially taking more than prescribed or recommended; taking a pharmaceutical prescribed for another individual; deliberate poisoning with a pharmaceutical agent by another person; and documented misuse of a prescription or OTC pharmaceutical or dietary supplement. Nonmedical use may involve pharmaceuticals alone or in combination with other drugs, especially illegal drugs or alcohol. Since drug reports exceed the number of ED visits because a patient may report use of multiple drugs (up to six drugs plus alcohol), summing of drugs across categories is not recommended. CEWG areas that include DAWN data in their reporting for this meeting are Detroit, Miami-Dade and Broward Counties/South Florida area, New York City, and San Francisco.

ADAM (Arrestee Drug Abuse Monitoring) II program data were included in the Chicago area presentation. ADAM II is a data collection program sponsored by the Office of National Drug Control Policy (ONDCP) that is designed to gather information on drug use and related issues from adult male booked arrestees in 10 counties across the country. ADAM II data come from two sources: a 20–25-minute face-to-face interview and urinalysis of a test sample for the presence of nine different drugs. Participation in both the interview and the urine test is voluntary and confidential. In 2011, across all 10 sites, data were collected with 5,051 interviews with booked arrestees. Of these interview respondents, 4,412 provided a urine specimen. Data were collected over two quarters in 2011 and then statistically annualized to represent the entire year. The ADAM II 2011 annual report is available at <http://www.whitehouse.gov/ondcp/ondcp-fact-sheets/adam-II-2011-annual-report-highlights>.

Local drug-related mortality data from medical examiners/coroners (ME/Cs) or State public health agencies were reported in update briefs and/or presentations for 16 CEWG areas: Albuquerque; Baltimore/Maryland/Washington, DC; Boston; Cincinnati; Denver/Colorado; Detroit; Honolulu/Hawaii; Los Angeles; Maine; Philadelphia; St. Louis; San Diego; San Francisco; Miami-Dade and Broward Counties/South Florida; Seattle; and Texas.

⁸DAWN uses a national sample of non-Federal, short-stay, general surgical, and medical hospitals in the United States that operate 24-hour EDs. The American Hospital Association (AHA) 2001 Annual Survey is the source of the sample. ED medical records are reviewed retrospectively for recent drug use. Visits related to most types of drug use or abuse cases are identified and documented. Drug cases encompass three visit categories: those related to illegal or illicit drugs; nonmedical use of prescription, over-the-counter, or other pharmaceutical drugs; and alcohol among patients under the legal drinking age of 21 and patients of all ages when used in combination with other drugs.

Other data cited in this report were local data accessed and analyzed by CEWG representatives. The sources included local law enforcement (e.g., data on drug arrests, impaired drivers, or law enforcement seizures); DEA Automation of Reports and Consolidated Orders System (ARCOS) data on the flow of DEA-controlled substances from their point of manufacture through commercial distribution channels to point of sale or distribution at the dispensing or retail level; local DEA offices (DEA field reports); High Intensity Drug Trafficking Area (HIDTA) reports; arrestee drug information from local and State corrections departments and facilities; poison control centers, crisis lines, and help lines; prescription drug monitoring systems; hospital admissions and discharge data; local and State surveys; interviews with key informants and ethnographers; and human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) data from local and State health departments.

A Note to the Reader—Caveats: Terminology and Geographic Coverage—CEWG representatives use existing data, which are subject to the definitions and geographic coverage of the source data. Representatives generally use the terminology as it is used in the data source. For example, many treatment systems use the phrases “other opiates” for classifying “opiates⁹ other than heroin” to categorize a primary problem at admission. The term “other opiates” is therefore retained in this summary report, and the terms, “other opiates” and “opioids¹⁰” may be used in a single area report. Similarly, the term, “prescription-type opioid,” is used by some representatives to distinguish synthetic or semisynthetic opioids, such as oxycodone and hydrocodone, from heroin. The geographic coverage of data sources may vary within a CEWG area report. Readers are directed to the update briefs for a more complete description of data sources used in specific areas. In this summary report, in most cases, the general name of the CEWG area will be used for data sources. For NFLIS data, specific geographic coverage for each area is described in appendix 2 with notes on spatial composition.

Local comparisons are limited, or must be made with caution, for the following indicators:

Treatment Admissions—Many variables affect treatment admission numbers, including program emphasis, capacity, data collection methods, and reporting periods. Therefore, changes in admissions bear a complex relationship to drug abuse prevalence. Treatment data are not totally comparable across CEWG areas, and treatment numbers are subject to change. Most of the CEWG area representatives report treatment admissions data provided by States to the Treatment Episode Data Set (TEDS)¹¹. Cross-area comparisons of treatment data are not included in this report.

ED Drug Reports—For this meeting report, weighted estimate data were available at the DAWN Web site: <http://www.samhsa.gov/data/dawn.aspx#DAWN2010%20ED%20Excel%20Files%20%E2%80%93%20Metro%20Tables>. These data were included in reporting for this meeting by CEWG area representatives for 4 of the 12 metropolitan areas for which such data were available for 2004–2010 in the DAWN system: Detroit, Miami-Dade and Broward Counties/South Florida, New York City, and San Francisco. Some area representatives reported weighted DAWN data in their June 2012 full area report and did not include those data in their update briefs for January 2013. When comparisons are made across time periods with a CEWG area, this caveat is needed: statements about drug-involved ED weighted rates in CEWG areas being higher or lower in 1 year than another year are only made when their respective *t*-test *p*-values are significant at the .05 level or below. Otherwise, no difference is reported.

NFLIS Drug Reports from Drug Items Seized and Analyzed by Forensic Laboratories—NFLIS includes drug chemistry results from completed analyses only; drug evidence secured by law enforcement but not

⁹Opiate is defined as “any preparation or derivative of opium” by *Stedman’s Medical Dictionary – 28th Edition*, Lippincott Williams and Wilkins, Baltimore, MD: c. 2006.

¹⁰Opioid is defined as “originally a term denoting synthetic narcotics resembling opiates but increasingly used to refer to both opiates and synthetic narcotics” by *Stedman’s Medical Dictionary – 28th Edition*, Lippincott Williams and Wilkins, Baltimore, MD: c. 2006.

¹¹TEDS is an administrative data system providing descriptive information about the national flow of admissions to specialty providers of substance abuse treatment, conducted by the Center for Behavioral Health Statistics and Quality (CBHSQ), SAMHSA.

analyzed in laboratories is not included in the NFLIS database. State and local policies related to the enforcement and prosecution of specific drugs may affect drug evidence submissions to laboratories for analysis. Laboratory policies and procedures for handling drug evidence vary and range from analysis of all evidence submitted to the laboratory to analysis of selected items only. Many laboratories did not analyze the evidence when a case was dismissed or if no defendant could be identified (see NFLIS 2011 Annual Report cited earlier). Differences in local/State laboratory procedures and law enforcement practices across areas make area comparisons inexact. Also, the data cannot be used for prevalence estimates, because they are not adjusted for population size. They are reported as the percentage that each drug represents of the total number of drug reports, including up to three drugs identified in drug items seized and identified by forensic laboratories in a CEWG area, and cases are assigned to a geographic area by the location of the seizure event, not the laboratory. Because NFLIS data counting primary, secondary, and tertiary reports for each drug in analyzed drug items were provided for the first time in June 2012, NFLIS data included in the June 2012 and January 2013 reports cannot be compared with data presented in prior CEWG reports. The nature of the NFLIS reporting system is such that there may be a time lag between time of seizure, time of analysis of drug items and drug reports based on them, and time of reporting to the NFLIS system. Therefore, differences in the number of drug reports for a specified time period may occur when NFLIS is queried at different times, since data input is daily and cases may be held for different periods of time before analysis and reporting in various areas and agencies. Numbers of drug reports presented in these reports are subject to change and may differ when drawn on different dates. Not all forensic laboratories report on substances that are not controlled, rendering some comparisons of such drugs inaccurate.

Deaths—Mortality data may represent the presence of a drug detected in a decedent or overdose deaths. The mortality data are not comparable across areas because of variations in methods and procedures used by ME/Cs. Drugs may cause a death, be detected in a death, or simply relate to a death in an unspecified way. Multiple drugs may be identified in a single case, with each reported in a separate drug category. Definitions associated with drug deaths vary. Common reporting terms include “drug-related,” “drug-detected,” “drug-induced,” “drug-caused,” and “drug-involved.” These terms may have different meanings in different areas of the country, and their meaning may depend upon the local reporting standards and definitions. Cross-area tabulations of mortality drug abuse indicators are not included in this report.

Arrest and Seizure Data—The numbers of arrests and quantities of drugs seized may reflect enforcement policy and resources, rather than level of abuse.

Local Area Comparisons: The following methods and considerations pertain to local area comparisons:

- Local areas vary in their reporting periods. Some indicators reflect fiscal periods that may differ among local areas. In addition, the timelines of data vary, particularly for death and treatment indicators. Spatial units defining a CEWG area may also differ depending on the data source. Care has been taken to delineate the definition of the geographic unit under study for each data source, whether a city, a single metropolitan county, an MSA, or some subset of counties in an MSA. In some instances, data were compiled by region defined by the U.S. Census as northeastern, southern, midwestern, and western regions. Texas is included in the western region in this report, rather than in the census-defined southern region, based on member recommendations concerning area comparability of drug patterns and similarity of population characteristics to other western areas.
- Some indicator data are unavailable for certain cities. Therefore, the symbol, “NA,” in tables refers to data not reported by the CEWG area representative.
- The population racial/ethnic composition differs across CEWG areas. Readers are directed to the individual CEWG update briefs for information regarding treatment patterns and trends pertaining to race/ethnicity, age, and gender.

Appendix Table 1: Drug Indicators¹ Used for January 2013² Update Briefs and Presentations

CEWG AREA	Surveys		Arrestee Drug Use ⁵	Poison Center Calls	ED ⁶ Visits	Substance Abuse Treatment	Hospitalizations		Deaths		NFLIS ⁷	Drug Price/Purity	Arrests/Impaired Drivers/Other Law Enforcement ⁸	Qualitative Data ⁹
	General Population ³	Student ⁴					Admissions	Discharges	Drug-Caused	Drugs Detected				
Albuquerque/New Mexico	✓	✓	—	—	—	✓	—	✓	✓	—	✓	—	—	—
Atlanta	—	—	✓	✓	—	✓	—	—	—	—	✓	—	—	—
Baltimore/Maryland/Wash, DC	—	—	✓	—	—	✓	—	—	✓	—	✓	—	✓	—
Boston	—	✓	—	—	✓	✓	—	—	✓	—	✓	✓	✓	—
Chicago	—	✓	✓	✓	—	✓	—	—	—	—	✓	✓	—	✓
Cincinnati	—	—	—	✓	—	✓	—	—	—	✓	✓	✓	✓	✓
Denver/Colorado	✓	✓	—	✓	—	✓	—	✓	✓	—	✓	✓	✓	✓
Detroit/Michigan	✓	✓	—	✓	✓	✓	—	—	✓	—	✓	—	—	✓
Los Angeles	—	✓	—	✓	✓	✓	✓	—	—	✓	✓	✓	✓	—
Maine	—	—	—	✓	—	✓	—	—	✓	—	✓	—	✓	—
Miami/South Florida	—	✓	—	✓	✓	✓	—	—	✓	✓	✓	—	—	✓
Minneapolis/St. Paul	✓	—	—	✓	—	✓	—	—	—	—	✓	—	—	✓
New York City	—	—	—	✓	✓	✓	—	—	—	—	✓	—	—	—
Philadelphia	✓	—	✓	—	—	✓	—	—	—	✓	✓	—	—	✓
Phoenix	—	—	—	✓	—	✓	✓	—	—	—	✓	—	✓	—
St. Louis	—	✓	—	—	—	✓	—	—	✓	—	✓	✓	✓	✓
San Diego	—	✓	✓	✓	—	✓	—	—	✓	—	✓	✓	—	—
San Francisco	—	✓	—	—	✓	✓	—	—	✓	—	✓	—	—	✓
Seattle	—	—	—	—	—	✓	—	—	✓	—	✓	—	—	✓
Texas	—	✓	—	✓	—	✓	—	—	✓	—	✓	✓	✓	—

NOTE: The following data were reported in slide presentations only: Boston—student survey data; Chicago—arrestee drug use data; Detroit/Michigan—student and adult survey and ED visit data; Honolulu/Hawaii—mortality, treatment, NFLIS, and law enforcement data (an update brief was not provided); Los Angeles—mortality, student survey, and ED and hospital admissions data; Minneapolis/St. Paul—adult survey and qualitative data; Philadelphia—adult and student survey data; and San Diego—student survey data.

¹Other drug indicators include crisis lines (Atlanta report), helplines (Seattle report), PDMPs (Pharmacy Drug Monitoring Programs) (Minneapolis/St. Paul report), reports, and ARCOS (Automation of Reports and Consolidated Orders System) (Minneapolis/St. Paul report).

²Update briefs and slide presentations are for the January–June 2012 reporting period.

³Data are from the National Survey on Drug Use and Health (NSDUH).

⁴Data are from the Youth Risk Behavior Survey (YRBS) and State surveys.

⁵Philadelphia data include adults who are in probation or on parole.

⁶ED=emergency department.

⁷National Forensic Laboratory Information System.

⁸Data include High Intensity Drug Trafficking Area (HIDTA) and local Drug Enforcement Administration (DEA) office data.

⁹Data include local focus groups, contacts, community epidemiology workgroups, and epidemiology studies, along with anecdotal reports.

Appendix Tables 2.1–2.26. NFLIS Top 10 Most Frequently Identified Drug Reports (Primary, Secondary, and Tertiary) Among Drug Items Seized and Analyzed in Forensic Laboratories for 25 CEWG Areas and the United States: 1H 2012 (January–June)

Appendix Table 2.1. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Albuquerque: 1H 2012¹

Drug	Number	Percentage
Heroin	345	22.1
Marijuana/Cannabis	299	19.1
Methamphetamine	274	17.5
Cocaine	262	16.8
AM-2201 (1-(5-Fluoropentyl)-3-(1-Naphthoyl)Indole)	55	3.5
Oxycodone	45	2.9
Phenylimidothiazole Isomer Undetermined	26	1.7
Dimethylsulfone	21	1.3
Buprenorphine	12	0.8
Lidocaine	10	0.6
Other ²	214	13.7
Total	1,563	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for all counties in the Albuquerque MSA: Bernalillo, Sandoval, Torrance, and Valencia Counties.

2. "Negative Results-Tested for Specific Drugs" represents 46 reports included under "Other."

3. "Additional Substance Believed Present; Not Identified" represents 38 reports included under "Other."

4. "Unspecified Prescription Drug" represents 16 reports included under "Other."

5. The New Mexico Department of Public Safety had no data for the month of April.

6. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2012

Appendix Table 2.3. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Baltimore: 1H 2012¹

Drug	Number	Percentage
Marijuana/Cannabis	7,439	43.7
Cocaine	4,662	27.4
Heroin	3,599	21.1
Oxycodone	310	1.8
Buprenorphine	191	1.1
Alprazolam	168	1.0
Mannitol	85	0.5
Clonazepam	75	0.4
Caffeine	58	0.3
Methadone	49	0.3
Other ²	397	2.3
Total	17,033	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for Baltimore City only.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2012

Appendix Table 2.2. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Atlanta: 1H 2012¹

Drug	Number	Percentage
Cocaine	2,004	25.5
Methamphetamine	1,583	20.1
Oxycodone	441	5.6
Alprazolam	407	5.2
Hydrocodone	340	4.3
Marijuana/Cannabis	238	3.0
Heroin	237	3.0
AM-2201 (1-(5-Fluoropentyl)-3-(1-Naphthoyl)Indole)	233	3.0
TFMPP (1-(3-Trifluoromethylphenyl) piperazine	185	2.3
UR-144 ((1-Phentylindol-3-YL)-(2,2,3,3-Tetramethylcyclopropyl) Methanone)	111	1.4
Other ²	2,094	26.6
Total	7,873	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for the 28-county Atlanta/Sandy Springs/Marietta GA MSA: Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jasper, Lamar, Meriwether, Newton, Paulding, Pickens, Pike, Rockdale, Spalding, and Walton Counties.

2. "Unspecified Pharmaceutical Preparation" represents 921 reports included under "Other."

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2012

Appendix Table 2.4. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Boston: 1H 2012¹

Drug	Number	Percentage
Marijuana/Cannabis	2,978	29.0
Cocaine	1,929	18.8
Heroin	1,712	16.6
Oxycodone	845	8.2
Buprenorphine	310	3.0
Naloxone	226	2.2
Clonazepam	208	2.0
Acetaminophen	135	1.3
Alprazolam	132	1.3
Amphetamine	119	1.2
Other ²	1,691	16.4
Total	10,285	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data include seven counties in the Boston MSA: Essex, Middlesex, Norfolk, Plymouth, Rockingham, Strafford, and Suffolk Counties.

2. "No Controlled Drug Identified" represents 273 reports included under "Other."

3. Due to issues within laboratory, the Massachusetts Department of Public Health's Western Laboratory last reported data in August 2012.

SOURCE: NFLIS, DEA, December 12, 2012

Appendix Table 2.5. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Chicago: 1H 2012¹

Drug	Number	Percentage
Marijuana/Cannabis	20,988	57.1
Heroin	6,195	16.8
Cocaine	6,098	16.6
Hydrocodone	360	1.0
BZP (1-Benzylpiperazine)	350	1.0
MDMA (3,4-Methylenedioxy-methamphetamine)	241	0.7
Alprazolam	238	0.6
PCP (Phencyclidine)	195	0.5
Phenylimidothiazole Isomer	176	0.5
Undetermined		
5-MeO-DIPT(5-Methoxy-N, NDiisopropyltryptamine; 5-MeO-DALT (N,N-Diallyl-5-Methoxytryptamine)	171	0.5
Other ²	1,774	4.8
Total	36,786	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for 13 counties in the Chicago/Naperville/Joliet, IL/IN/WI MSA: Cook, DeKalb, DuPage, Grundy, Kane, Kendall, McHenry, and Will Counties in IL; Jasper, Lake, Newton, and Porter Counties in IN; and Kenosha County in WI.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2012

Appendix Table 2.7. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Colorado: 1H 2012¹

Drug	Number	Percentage
Marijuana/Cannabis/ Tetrahydrocannabinols	1,597	26.5
Cocaine	1,446	24.0
Methamphetamine	952	15.8
Heroin	533	8.8
AM-2201 (1-(5-Fluoropentyl)-3-(1-Naphthoyl)Indole)	131	2.2
Oxycodone	128	2.1
Psilocybin/Psilocyn/Psilocin	85	1.4
Hydrocodone	72	1.2
Alprazolam	65	1.1
JWH-122 (1-Pentyl-3-(4-Methyl-1-Naphthoyl)Indole)	57	0.9
Other ²	965	16.0
Total	6,031	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for the State of Colorado.

2. "Noncontrolled Nonnarcotic Drug" represents 216 reports included under "Other."

3. Data for the Colorado Springs Police Department are not reported for December 2009 to present; their cases are reported by the Colorado Bureau of Investigation. The Jefferson County Laboratory had no data for January–June.

4. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 11, 2012

Appendix Table 2.6. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Cincinnati: 1H 2012¹

Drug	Number	Percentage
Marijuana/Cannabis	2,219	39.3
Heroin	1,548	27.4
Cocaine	1,206	21.4
Oxycodone	170	3.0
Hydrocodone	69	1.2
Alprazolam	63	1.1
BZP (1-Benzylpiperazine)	39	0.7
Methamphetamine	34	0.6
Clonazepam	30	0.5
Diazepam	26	0.5
Other ²	238	4.2
Total	5,642	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for Hamilton County.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2012

Appendix Table 2.8. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Denver: 1H 2012¹

Drug	Number	Percentage
Cocaine	1,201	30.7
Marijuana/Cannabis	768	19.6
Methamphetamine	513	13.1
Heroin	455	11.6
AM-2201 (1-(5-Fluoropentyl)-3-(1-Naphthoyl)Indole)	127	3.2
Oxycodone	60	1.5
JWH-122 (1-Pentyl-3-(4-Methyl-1-Naphthoyl)Indole)	56	1.4
Psilocin/Psilocybin/Psilocyn	39	1.0
Hydrocodone	35	0.9
JWH-018 (1-Pentyl-3-(1-Naphthoyl)Indole)	33	0.8
Other ²	630	16.1
Total	3,917	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for Denver, Arapahoe, and Jefferson Counties.

2. "Noncontrolled Nonnarcotic Drug" represents 216 reports included under "Other."

3. The Jefferson County Laboratory had no data for January–June.

4. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2012

Appendix Table 2.9. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Detroit: 1H 2012¹

Drug	Number	Percentage
Marijuana/Cannabis	1,976	47.6
Cocaine	837	20.2
Heroin	601	14.5
Hydrocodone	133	3.2
Alprazolam	95	2.3
Oxycodone	26	0.6
TFMPP (1-3-Trifluoromethylphenyl) piperazine	22	0.5
BZP (1-Benzylpiperazine)	18	0.4
Phenylimidothiazole Isomer Undetermined	18	0.4
Buprenorphine	16	0.4
Other ²	408	9.8
Total	4,150	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for Wayne County.

2. “No Controlled Drug Identified” represents 280 reports included under “Other.”

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2012

Appendix Table 2.10. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Honolulu: 1H 2012¹

Drug	Number	Percentage
Marijuana/Cannabis/Tetrahydrocannabinols	1,123	53.9
Methamphetamine	660	31.7
Cocaine	164	7.9
MDMA (3,4-Methylenedioxy methamphetamine)	26	1.2
Dimethylsulfone	21	1.0
Acetaminophen	10	0.5
Heroin	10	0.5
Caffeine	9	0.4
Hydrocodone	9	0.4
Alprazolam	8	0.4
Other ²	43	2.1
Total	2,083	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for Honolulu County.

2. The NFLIS method for processing and counting reports for the Honolulu Police Department Laboratory changed in 2012; this results in a higher number of reports per case than in previous years.

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2012

Appendix Table 2.11. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Los Angeles: 1H 2012¹

Drug	Number	Percentage
Marijuana/Cannabis	7,337	35.5
Methamphetamine	5,205	25.2
Cocaine	4,443	21.5
Heroin	1,060	5.1
Hydrocodone	244	1.2
PCP (Phencyclidine)	183	0.9
Alprazolam	175	0.8
MDMA (3,4-Methylenedioxy-methamphetamine)	138	0.7
Oxycodone	122	0.6
Carisoprodol	84	0.4
Other ²	1,683	8.1
Total	20,674	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for Los Angeles County.

2. “Negative Results-Tested for Specific Drugs” represents 357 reports included under “Other.”

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2012

Appendix Table 2.12. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Maine: 1H 2012¹

Drug	Number	Percentage
Cocaine	141	23.1
Oxycodone	104	17.0
Marijuana/Cannabis	39	6.4
Heroin	36	5.9
Buprenorphine	25	4.1
MDPV (3,4-Methylenedioxy-pyrovallone)	21	3.4
Methamphetamine	19	3.1
Phenylimidothiazole Isomer Undetermined	19	3.1
Hydrocodone	17	2.8
Caffeine	13	2.1
Other ²	176	28.9
Total	610	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for the State of Maine.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 11, 2012

Appendix Table 2.13. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Maryland: 1H 2012¹

Drug	Number	Percentage
Marijuana/Cannabis	21,403	51.9
Cocaine	7,646	18.5
Heroin	4,990	12.1
Oxycodone	1,451	3.5
Alprazolam	687	1.7
Buprenorphine	586	1.4
AM-2201 (1-(5-Fluoropentyl)-3-(1-Naphthoyl)Indole)	296	0.7
Clonazepam	227	0.6
PCP (Phencyclidine)	197	0.5
Hydrocodone	195	0.5
Other ²	3,552	8.6
Total	41,230	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for the State of Maryland.

2. "No Controlled Drug Identified" represents 550 reports included under "Other."

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 11, 2012

Appendix Table 2.14. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Miami: 1H 2012¹

Drug	Number	Percentage
Cocaine	6,153	48.9
Marijuana/Cannabis	2,864	22.7
Oxycodone	389	3.1
Alprazolam	368	2.9
Heroin	343	2.7
Hallucinogen	262	2.1
Methylone (N-Methyl-3,4-Methylenedioxycathinone)	154	1.2
Caffeine	119	0.9
Phenylimidothiazole Isomer Undetermined	111	0.9
AM-2201 (1-(5-Fluoropentyl)-3-(1-Naphthoyl)Indole)	86	0.7
Other ²	1,741	13.8
Total	12,590	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for the Miami/Fort Lauderdale/Pompano Beach MSA and include Miami-Dade, Broward, and Palm Beach Counties.

2. "Controlled Substance" represents 358 reports included under "Other."

3. "Negative Results-Tested for Specific Drugs" represents 178 reports included under "Other."

4. "No Controlled Drug Identified" represents 127 reports included under "Other."

5. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2012

Appendix Table 2.15. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Michigan: 1H 2012¹

Drug	Number	Percentage
Marijuana/Cannabis	8,424	45.9
Cocaine	2,516	13.7
Heroin	1,508	8.2
Hydrocodone	736	4.0
Methamphetamine	674	3.7
Alprazolam	412	2.2
Morphine	194	1.1
Amphetamine	182	1.0
Oxycodone	174	0.9
Methadone	125	0.7
Other ²	3,403	18.5
Total	18,348	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for the State of Michigan

2. "No Controlled Drug Identified" represents 2,336 reports included under "Other."

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 11, 2012

Appendix Table 2.16. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Minneapolis/St. Paul: 1H 2012¹

Drug	Number	Percentage
Marijuana/Cannabis	872	21.1
Methamphetamine	817	19.8
Cocaine	711	17.2
Heroin	381	9.2
Acetaminophen	112	2.7
BZP (1-Benzylpiperazine)	82	2.0
Oxycodone	82	2.0
Caffeine	72	1.7
6-Monoacetylmorphine	57	1.4
Acetylcodeine	55	1.3
Other ²	882	21.4
Total	4,123	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for seven counties in Minnesota: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington Counties.

2. The St. Paul Police Department Laboratory did not report data after May 2012.

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2012

Appendix Table 2.17. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, New York City: 1H 2012¹

Drug	Number	Percentage
Cocaine	9,316	34.5
Marijuana/Cannabis	9,071	33.6
Heroin	2,801	10.4
Oxycodone	1,082	4.0
Alprazolam	1,050	3.9
PCP (Phencyclidine)	453	1.7
Buprenorphine	346	1.3
Methadone	336	1.2
Clonazepam	281	1.0
Ketamine	187	0.7
Other ²	2,087	7.7
Total	27,010	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for the New York City Police Department and five New York boroughs: Bronx, Kings, Queens, New York, and Richmond.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 11, 2012

Appendix Table 2.18. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Philadelphia: 1H 2012¹

Drug	Number	Percentage
Marijuana/Cannabis	4,599	34.6
Cocaine	3,705	27.9
Heroin	1,831	13.8
Oxycodone	657	4.9
Alprazolam	546	4.1
Acetaminophen	374	2.8
PCP (Phencyclidine)	285	2.1
AM-2201 (1-(5-Fluoropentyl)-3-(1-Naphthoyl)Indole)	122	0.9
Clonazepam	90	0.7
Hydrocodone	79	0.6
Other ²	1,013	7.6
Total	13,301	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for Philadelphia County.

2. "No Controlled Drug Identified" represents 215 reports included under "Other."

3. "Noncontrolled Nonnarcotic Drug" represents 153 reports included under "Other."

4. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2012

Appendix Table 2.19. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Phoenix: 1H 2012¹

Drug	Number	Percentage
Marijuana/Cannabis	1,875	32.9
Methamphetamine	897	15.7
Heroin	695	12.2
Cocaine	395	6.9
Oxycodone	267	4.7
Alprazolam	251	4.4
Hydrocodone	114	2.0
Buprenorphine	71	1.2
Clonazepam	64	1.1
Carisoprodol	62	1.1
Other ²	1,007	17.7
Total	5,698	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for Maricopa County.

2. "Negative Results-Tested for Specific Drugs" represents 175 reports included under "Other."

3. "Unspecified Prescription Drug" represents 128 reports included under "Other."

4. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2012

Appendix Table 2.20. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, St. Louis: 1H 2012¹

Drug	Number	Percentage
Marijuana/Cannabis	2,861	31.4
Heroin	1,193	13.1
Cocaine	894	9.8
Methamphetamine	781	8.6
Alprazolam	309	3.4
Hydrocodone	244	2.7
AM-2201 (1-(5-Fluoropentyl)-3-(1-Naphthoyl)Indole)	218	2.4
Pseudoephedrine	209	2.3
Acetaminophen	194	2.1
Oxycodone	191	2.1
Other ²	2,009	22.1
Total	9,103	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for the St. Louis MO/IL MSA, which includes St. Louis City and 16 counties: St. Louis, St. Charles, St. Francis, Jefferson, Franklin, Lincoln, Warren, and Washington Counties in Missouri; and Madison, St. Clair, Macoupin, Clinton, Monroe, Jersey, Bond, and Calhoun Counties in Illinois.

2. "Negative Results-Tested for Specific Drugs" represents 738 reports included under "Other."

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2012

Appendix Table 2.21. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, San Diego: 1H 2012¹

Drug	Number	Percentage
Methamphetamine	2,554	37.7
Marijuana/Cannabis	1,314	19.4
Cocaine	785	11.6
Heroin	599	8.8
Hydrocodone	198	2.9
Alprazolam	136	2.0
Oxycodone	133	2.0
Dimethylsulfone	131	1.9
Phenylimidothiazole Isomer Undetermined	128	1.9
MDMA (3,4-Methylenedioxy-methamphetamine)	80	1.2
Other ²	711	10.5
Total	6,769	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for San Diego County.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2012

Appendix Table 2.23. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Seattle: 1H 2012¹

Drug	Number	Percentage
Heroin	227	17.9
Methamphetamine	226	17.8
Cocaine	217	17.1
Marijuana/Cannabis	123	9.7
Oxycodone	45	3.5
Fentanyl	36	2.8
Phenylimidothiazole Isomer Undetermined	22	1.7
Dimethylsulfone	20	1.6
PCP (Phencyclidine)	17	1.3
BZP (1-Benzylpiperazine)	13	1.0
Other ²	323	25.5
Total	1,269	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for King County.

2. “Unknown” represents 111 reports included under “Other.”

3. “Some Other Substance” represents 30 reports are included under “Other.”

4. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2012

Appendix Table 2.22. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, San Francisco: 1H 2012¹

Drug	Number	Percentage
Methamphetamine	2,253	32.1
Marijuana/Cannabis	1,464	20.8
Cocaine	1,293	18.4
Heroin	366	5.2
Hydrocodone	256	3.6
Oxycodone	247	3.5
Methadone	92	1.3
Morphine	84	1.2
MDMA (3,4-Methylenedioxy-methamphetamine)	69	1.0
Alprazolam	67	1.0
Other ²	833	11.9
Total	7,024	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for the five counties in the San Francisco/Oakland/Fremont MSA: Alameda, Contra Costa, Marin, San Francisco, and San Mateo Counties.

2. “Unknown” represents 168 reports included under “Other.”

3. “No Controlled Drug Identified” represents 105 reports included under “Other.”

4. There are no data for the San Francisco Police Department Laboratory for April 2009–December 2011; beginning January 2012, their cases were analyzed and reported to NFLIS by the Alameda County Sheriff’s Laboratory.

5. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2012

Appendix Table 2.24. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Texas: 1H 2012¹

Drug	Number	Percentage
Marijuana/Cannabis/ Tetrahydrocannabinols	12,232	29.0
Cocaine	8,268	19.6
Methamphetamine	6,243	14.8
Hydrocodone	1,871	4.4
Alprazolam	1,789	4.2
Heroin	1,426	3.4
AM-2201 (1-(5-Fluoropentyl)- 3-(1-Naphthoyl)Indole)	956	2.3
Carisoprodol	461	1.1
Phenylimidothiazole Isomer Undetermined	461	1.1
Dimethylsulfone	311	0.7
Other ²	8,098	19.2
Total	42,116	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for the State of Texas.

2. The Texas Department of Public Safety migrated to a new LIMS and January and February data may reflect lower than usual counts. Due to LIMS reporting issues, the Ft. Worth Police Department last reported data for April.

3. “No Controlled Drug Identified” represents 1,356 reports included under “Other.”

4. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 11, 2012

Appendix Table 2.25. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Washington, DC: 1H 2012¹

Drug	Number	Percentage
Marijuana/Cannabis	666	27.4
Cocaine	371	15.3
Caffeine	224	9.2
Phenylimidothiazole Isomer Undetermined	217	8.9
Heroin	160	6.6
PCP (Phencyclidine)	151	6.2
1-Piperidinocyclohexanecarbonitrile	60	2.5
Benzocaine	52	2.1
MDPV (3,4-Methylenedioxy-pyrovalerone)	51	2.1
BZP (1-Benzylpiperazine)	50	2.1
Other ²	428	17.6
Total	2,430	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are for the District of Columbia.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2012

Appendix Table 2.26. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, United States: 1H 2012¹

Drug	Number	Percentage
Marijuana/Cannabis/Tetrahydrocannabinols	249,959	33.6
Cocaine	129,201	17.3
Methamphetamine	82,471	11.1
Heroin	58,965	7.9
Oxycodone	26,035	3.5
Hydrocodone	19,539	2.6
Alprazolam	18,246	2.4
AM-2201 (1-(5-Fluoropentyl)-3-(1-Naphthoyl)Indole)	10,463	1.4
Acetaminophen	8,948	1.2
Buprenorphine	5,301	0.7
Other ²	135,741	18.2
Total	744,869	100.0

¹Data are for January–June 2012, and include primary, secondary, and tertiary reports.

²All other analyzed reports.

NOTES:

1. Data are national totals analyzed by Federal, State, and local laboratories.

2. "No Controlled Drug Identified" represents 17,399 reports included under "Other."

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, December 12, 2012

Appendix Table 3.1. Number of Cannabimimetic Drug Reports¹ Identified by Forensic Laboratories, in 25 CEWG Areas and the United States: 1H 2012²

CEWG Area	JWH-018	JWH-019	JWH-073	JWH-081	JWH-122	JWH-200	JWH-203	JWH-210	JWH-250	AM-2201	UR-144	XLR-11	MAM-2201	AM-694	RCS-4	Total ¹	Total All Reports
Albuquerque	1	—	—	1	1	—	—	—	1	55	—	—	—	6	—	65	1,563
Atlanta	17	—	—	3	38	—	—	20	11	233	111	70	2	—	—	505	7,873
Baltimore City	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	17,033
Boston	5	2	—	1	5	—	—	4	—	34	3	4	1	5	3	67	10,285
Chicago	8	1	3	—	15	—	3	3	1	92	11	9	2	—	3	154 ³	36,786
Cincinnati	1	—	—	—	1	—	—	—	1	7	—	—	—	—	—	10	5,642
Colorado	55	5	1	9	57	—	—	3	7	131	7	4	—	—	—	292 ⁴	6,031
Denver	33	3	—	9	56	—	—	1	1	127	7	4	—	—	—	253 ⁵	3,917
Detroit	3	—	—	—	—	—	—	—	3	—	—	—	—	—	—	6	4,150
Honolulu	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0	2,083
Los Angeles	—	—	—	1	1	—	1	—	—	5	5	—	—	1	1	19 ⁶	20,674
Maine	—	—	—	—	—	—	1	—	2	7	—	—	—	—	—	11 ⁷	610
Maryland	4	—	—	—	69	3	4	92	4	296	3	—	2	—	2	478	41,230
Miami	14	—	1	5	2	—	1	—	2	86	—	—	—	—	—	113 ⁸	12,590
Michigan	7	—	1	—	—	—	—	—	14	9	—	—	—	—	—	31	18,348
Minneapolis/St. Paul	5	—	—	—	5	—	2	1	2	21	4	—	—	—	—	40	4,123
New York City	—	—	—	2	—	—	—	—	2	10	—	—	—	—	—	14	27,010
Philadelphia	—	—	—	5	22	—	—	12	10	122	—	—	—	—	—	173 ⁹	13,301
Phoenix	7	—	1	—	—	—	—	—	1	13	—	—	—	—	—	22	5,698
St. Louis	3	1	—	1	14	1	—	4	7	218	29	27	53	—	—	391 ¹⁰	9,103
San Diego	2	—	—	—	3	—	—	—	—	2	—	—	—	—	2	10 ¹¹	6,769
San Francisco	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	5	7,024
Seattle	1	—	—	—	1	—	—	—	—	4	—	—	4	—	—	11 ¹²	1,269
Texas	49	2	8	11	167	—	2	85	41	956	156	86	139	—	—	1,746 ¹³	42,116
Washington, DC	—	—	—	—	2	—	—	—	—	16	—	—	—	—	—	18	2,430
United States	699	61	69	282	1,733	7	170	1,342	540	10,463	1,898	1,295	794	34	155	21,707 ¹⁴	744,869

¹NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.

²Data are for January–June 2012. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

³This total includes one report for RCS-8; one report for HU-308; and one report for HU-210.

⁴This total includes six reports for CB-13; four reports for “synthetic cannabinoid;” two reports for AM-1220; and one report for URB-602.

Footnotes continued on next page.

Footnotes continued for Appendix Table 3.1.

⁵This total includes six reports for CB-13; four reports for "synthetic cannabinoid;" and two reports for AM-1220.

⁶This total includes three reports for "synthetic tetrahydrocannabinol" and one report for "synthetic cannabinoid."

⁷This total includes one report for "synthetic cannabinoid."

⁸This total includes two reports for RCS-8.

⁹This total includes two reports for RCS-8.

¹⁰This total includes 17 reports for URB-754; 8 reports for AKB-48; 6 reports for AM-1220; 1 report for URB-597; and 1 report for URB-602.

¹¹This total includes one report for JWH-302.

¹²This total includes one report for AM-1220.

¹³This total includes 13 reports for CB-13; 11 reports for "synthetic cannabinoid;" 6 reports for RCS-8; 4 reports for AM-2233; 4 reports for URB-597; 2 reports for AKB-48; 2 reports for JWH-302; 1 report for AM-1248; and 1 report for AB-001.

¹⁴This total includes 1,196 reports for "synthetic cannabinoid;" 253 reports for AKB-48; 240 reports for URB-754; 113 reports for AM-2233; 106 reports for URB-602; 57 reports for RCS-8; 46 reports for AM-1248; 38 reports for CB-13; 31 reports for JWH-022; 25 reports for URB-597; 19 reports for AM-1220; 12 reports for AB-001; 6 reports for JWH-302; 5 reports for "synthetic tetrahydrocannabinol;" 4 reports for AM-1241; 3 reports for JWH-201; 3 reports for AM-679; 2 reports for HU-308; 2 reports for CP47,497; 1 report for HU-210; 1 report for HU-211; 1 report for JWH-251; and 1 report for JWH-267.

SOURCE: NFLIS, DEA, data for all areas and the United States were retrieved on December 11–12, 2012

Appendix Table 3.2. Number of Substituted Cathinone Drug Reports¹ Identified by Forensic Laboratories, in 25 CEWG Areas and the United States: 1H 2012²

CEWG Area	Mephedrone ³	Methy-lone ⁴	MDPV ⁵	Alpha-PVP ⁶	4-MEC ⁷	Pentadrone ⁸	Butylone ⁹	4-MEPPP	Total	Total for All Reports
Albuquerque	—	—	2	—	2	—	—	1	5	1,563
Atlanta	—	77	73	15	—	4	1	—	17 ¹⁰	7,873
Baltimore City	—	3	37	—	—	—	—	—	40	17,033
Boston	—	28	4	22	3	5	1	3	87 ¹¹	10,285
Chicago	1	46	156	17	13	2	8	—	250 ¹²	36,786
Cincinnati	—	—	11	—	—	—	—	—	11	5,642
Colorado	1	3	3	2	9	2	11	1	48 ¹³	6,031
Denver	—	3	3	1	9	2	11	1	32 ¹⁴	3,917
Detroit	1	—	3	—	—	—	—	—	4	4,150
Honolulu	—	—	—	—	—	—	—	—	0	2,083
Los Angeles	—	3	2	1	—	9	2	1	19 ¹⁵	20,674
Maine	—	5	21	7	—	2	—	1	38 ¹⁶	610
Maryland	—	67	124	22	3	—	—	1	217	41,230
Miami	2	154	38	2	16	—	3	—	217 ¹⁷	12,590
Michigan	2	8	31	1	—	—	—	—	44 ¹⁸	18,348
Minneapolis/St. Paul	1	9	25	—	3	—	—	—	41 ¹⁹	4,123
New York City	4	3	9	19	14	—	—	12	61	27,010
Philadelphia	—	—	18	—	—	—	—	—	18	13,301
Phoenix	—	9	7	26	5	—	3	5	56 ²⁰	5,698
St. Louis	—	1	29	33	4	49	4	2	129 ²¹	9,103
San Diego	—	20	1	1	—	—	—	—	26 ²²	6,769
San Francisco	—	1	—	1	—	—	—	—	2	7,024
Seattle	—	3	—	—	—	—	—	—	3	1,269
Texas	2	172	78	61	63	117	29	12	581 ²³	42,116
Washington, DC	—	8	51	6	—	—	—	—	65	2,430
United States	43	1,503	1,912	1,426	534	567	154	187	6,774 ²⁴	744,869

¹NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.

²Data are for January–June 2012. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

³4-Methylmethcathinone or 4-MMC; also includes methedrone (4-methoxymethcathinone).

⁴3,4-Methylenedioxymethcathinone or bk-MDMA.

⁵3,4-Methylenedioxypyrovalerone.

Footnotes continued on next page.

Footnotes continued for Appendix Table 3.2.

⁶Alpha-Pyrrolidinophentiophenone.

⁷4-Methyl-N-Ethylcathinone.

⁸2-(Methylamino)-1-Phenylpentan-1-One

⁹β-Keto-N-Methylbenzo-Dioxylpropylamine.

¹⁰This total includes one report for dimethylone.

¹¹This total includes 21 reports for pentylone.

¹²This total includes four reports for fluoromethcathinone; one report for 3,4-DMMC; one report for MCPP; and one report for isopentadron.

¹³This total includes 14 reports for methcathinone and 2 reports for fluoromethcathinone.

¹⁴This total includes two reports for fluoromethcathinone.

¹⁵This total includes one report for dimethylone.

¹⁶This total includes one report for MDPBP and one report for 3-MEC.

¹⁷This total includes one report for fluoromethcathinone and one report for dimethylone.

¹⁸This total includes two reports for naphyrone.

¹⁹This total includes two reports for fluoromethcathinone and one report for pentylone.

²⁰This total includes one report for fluoromethcathinone.

²¹This total includes six reports for MABP and one report for pentylone.

²²This total includes three reports for dimethylone and one report for pentylone.

²³This total includes 19 reports for ethylone; 11 reports for pentylone; 8 reports for 3,4-DMMC; 4 reports for MABP; 2 reports for fluoromethcathinone; 1 report for MDPPP; 1 report for MDPBP; and 1 report for Alpha-PBP.

²⁴This total includes 96 reports for fluoromethcathinone; 96 reports for MCPP; 67 reports for fluoromethcathinone; 37 reports for ethylone; 29 reports for Alpha-PBP; 26 reports for ethylcathinone; 17 reports for 3,4-DMMC; 16 reports for MABP; 15 reports for methcathinone; 13 reports for "substituted cathinone;" 10 reports for MDPBP; 9 reports for dimethylone; 8 reports for naphyrone; 6 reports for MDPPP; 2 reports for isopentadron; and 1 report for 3-MEC.

SOURCE: NFLIS, DEA, data for all areas and the United States were retrieved on December 11–12, 2012

Appendix Table 3.3. Number of Phenethylamine Drug Reports¹ Identified by Forensic Laboratories, in 25 CEWG Areas and the United States: 1H 2012²

CEWG Area	2C-E	2C-I	2C-B	2C-C	2C-P	2C-T-2	2C-H	Totals
Albuquerque	—	—	—	—	—	—	—	0
Atlanta	—	2	—	—	—	—	—	2 ³
Baltimore City	—	—	—	—	—	—	—	0
Boston	—	—	—	—	—	—	—	0
Chicago	1	1	7	—	—	—	1	10
Cincinnati	—	—	—	—	—	—	—	0
Colorado	—	1	3	—	—	—	—	4 ³
Denver	—	1	3	—	—	—	—	4 ³
Detroit	—	—	—	—	—	—	—	0
Honolulu	—	—	—	—	—	—	—	0
Los Angeles	—	—	—	—	—	—	—	0
Maine	—	2	—	—	—	—	—	2 ³
Maryland	3	3	1	—	—	—	—	7
Miami	—	—	2	—	—	—	—	2
Michigan	—	—	—	—	—	—	—	0
Minneapolis/St. Paul	—	1	6	—	—	—	1	8 ³
New York City	—	—	—	—	—	—	—	0
Philadelphia	—	—	—	—	—	—	—	0
Phoenix	—	—	—	—	—	—	—	0
St. Louis	—	2	—	—	—	—	—	2 ³
San Diego	1	4	1	—	—	—	—	6
San Francisco	—	—	—	—	—	—	—	0
Seattle	—	—	2	—	—	—	—	2
Texas	8	17	3	1	4	1	—	34 ^{3, 4}
Washington, DC	—	—	—	—	—	—	—	0
United States	95	140	54	2	23	3	2	324 ^{3, 4}

¹NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.

²Data are for January–June 2012. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.

³These totals include reports for 2C-I-NBOMe.

⁴These totals include reports for 2C-C-NBOMe.

SOURCE: NFLIS, DEA, data for all areas and the United States were retrieved on December 11–12, 2012

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